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PONTARDAWE
RURAL DISTRICT COUNCIL



REPORT
OF THE
MEDICAL OFFICER
OF HEALTH
FOR THE YEAR
1945

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1947.

PONTARDAWE RURAL DISTRICT COUNCIL

MEDICAL OFFICER'S REPORT FOR THE YEAR 1945.

To the Chairman and Members of the

Pontardawe Rural District Council.

Gentlemen,

I beg to submit to you my Annual Report for the year ended 31st December, 1945. The report is drawn up in accordance with the instructions of the Ministry of Health as laid down in Circular 28/46 (Wales).

The war has now been over for some time and the tumult and the shouting has died, but the prospect before us gives rise to sombre reflections which are none the less disturbing on account of the vast powers of destruction recently discovered and not yet fully experienced. The present generation suffers a grave disadvantage on account of two wars, for war destroys the young and more vigorous males of the population, upon whom lies the responsibility for the maintenance and continuation of the species. Even with the trend of modern warfare to destroy whole blocks of the community irrespective of age or virility, the result must still be to our disadvantage, therefore let us in the dawn of a new era work steadfastly for the consolidation of peace. The success of our efforts to avert the catastrophe depends on the attitude of every individual in the community, for international strife is in the long run the result of the will of the great majority. Similarly, the state of physical health of the people rests to a large extent with the people themselves under the guidance of the Public Health Services. These are now entering a new era and must tackle new problems under changing circumstances.

When local authorities began to interest themselves in the question of health services their medical advisers were recruited from the ranks of private practitioners. These were admirably suited for the work as they had gained first hand knowledge of the life, habits and environment of the people. To-day, however, the training of the medical officer has become so specialised that he has little opportunity of becoming acquainted with the conditions of general practice. This has resulted in a tendency for cleavage between the Medical Officer of Health and the practitioner which is highly detrimental to the fullest development of the health services.

The various health services arose in a haphazard fashion as the need for them was realized, but they should now be unified into one harmonious whole and the principles laid down for a general medical service will assist in solving this problem.

Progress in public health has pivoted on two great changes of outlook. The first was mainly environmental, dealing with our surroundings, housing and the care of food.

The second was a new and more personal outlook leading to the development of maternity and child welfare schemes, the prevention and treatment of tuberculosis and venereal disease, and the care of mental defectives, etc.

Now we are passing to a third change which is as important as it is divergent.

This is a realization that Public Health must concern itself with every aspect of the health of the individual and not merely with a limited number of conditions.

The advancement of personal health as a branch of preventive medicine has been fostered during the past 38 years by a volume of legislation, which has cast many new burdens upon local authorities. There are still many anomalies in our local government system leading to lack of uniformity between one area and another, and this disparity in provision of public health services is due in the main to inequality of resources. That the chance position of a boundary line should determine whether adequate treatment is available for a patient is an iniquitous state of affairs.

The general level of health is higher, but there still remains a large mass of sickness and various defects as revealed by medical evidence. In the course of a year over 20% of the insured population is incapacitated for work and the average time lost amongst the insured population is more than ten days per annum; the army medical boards have to reject 38% on medical grounds. That the general death rate has been reduced, and, in particular, the infantile mortality, is most gratifying, yet the existing mortality must not only check any complacency but cries aloud for a remedy and shows how much preventive work remains to be done.

The medical inspection of school children has disclosed an appalling amount of preventable sickness and minor defects, indicating a subnormal state of health which responds readily to simple treatment and which, if allowed to go on unattended, may lead to definite disease.

Treatment of uncleanness, skin diseases and other minor ailments improves matters considerably, but also shows that there are many children who are unhealthy when they first enter the schools.

It is therefore necessary to go further back and attack disease nearer its source. Thus it is the duty of the State to look after the health of the general community and to bring and keep the community in a satisfactory state of fitness. To develop along these lines we must link up our facilities for advice and treatment much more than we do with the social environment of those for whom the facilities are provided.

In the sphere of housing, probably one of the most important matters is the management of the house. The full

effect and benefit of the new housing provision that will be made throughout the country will not be obtained unless the tenants get the most out of their dwellings. Tribute should be paid to the very fine response that has been made by the majority of the tenants to get the most out of their new environment, but it is undoubted that there is a need for help to be given in many directions as regards the management of the houses, advice on the provision of suitable furniture and furnishings, the proper care of the premises and the garden, method and orderliness in domestic work, cooking, etc.

The condition of great numbers of the evacuated children has opened the eyes of the nation to certain facts. This has also demonstrated the need for better housing and the training of girls in the responsibilities of motherhood. There is no more essential industry than the keeping of a home, and mothers should be stirred to the realization that the responsibility should not be delegated to nursery schools or the school medical service.

It is no good concentrating on physical fitness if one did not try first of all to remove obvious causes of disease. I am more confirmed than ever in my opinion that the greatest and most effective act of self re-organisation which the public health service could accomplish would be to provide everyone with a family doctor. This could be done through the often promised and long hoped for extension of medical benefits to the dependants of insured persons, and by the inclusion within the scheme of those who are not insured, together with their dependants.

A review of the health services of this District has been made and suggestions for an improvement of the present services have been submitted to your Council for approval. They will include increased accommodation to Gellynudd Isolation Hospital, formation of a Health Centre at Pontardawe, and an ambulance service for the District. Fuller details of these proposals are discussed at length under their appropriate section.

The kindly interest shown by all members of your Council, has been very much appreciated by myself and the Public Health Staff generally. I also value highly the many suggestions as to improvement that I have received from members of your Council.

I wish again to acknowledge my indebtedness to each member of the Public Health Staff for their willing and loyal co-operation, and I also wish to thank the other Officials of your Council for their help.

I am, Gentlemen,

Your obedient Servant,

J. GWYNNE MORGAN,

Medical Officer of Health.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Chairman of the Public Health Committee :

Councillor T. J. Williams.

Public Health Officers.

Medical Officer of Health .. Brig. J. Gwynne Morgan, C.B.E.,
T.D., M.B., B.S.(Lond.), M R.
C.S.(Eng.), L.R.C.P.(Lond.),
D.P.H.(Wales).

Temporary Medical Officer of
Health J. Alun Evans, M.R.C.S. (Eng.),
L.R.C.P. (Lond.), D.P.H.
(Lond.).

Senior Sanitary Inspector .. Ieuan Lewis, M.S.I.A.

Assistant Sanitary Inspector G. A. Rees, M.S.I.A.

Health Visitor M. T. Morgan, S.R.N., C.M.B.

Administrative & Clerical :

1st Assistant .. John Rogers.

Rufus Thomas. Gwyneth Davies.

May Davies. Katie M. John.

Thos. Evans (part year). Dyfrig Hopkin (part year).

Elwyn Lewis (part year).

Consultant for Difficult Ob-
stetric Cases Dr. J. Lloyd Davies, M.D.,
M.R.C.P., F.R.C.S., D.P.H.

Gellynudd Isolation Hospital.

Medical Superintendent .. Medical Officer of Health.

Matron M. Rhys Williams, S.R.N.,
S.R.F.N.

Health Visitors (Part-time).

Clydach Nurses M. Butler and A. Carr.

Pontardawe Nurses G. Pryce and N. Davies.

The Queen's Nurses mentioned above attend the Infant Welfare Centres in their respective districts, visit children of pre-school age and persons suffering from tuberculosis. Special visits are also paid to parents in an endeavour to obtain their consent for the diphtheria immunisation of their young children.

Midwives.

The supervision of the midwives practising in the District is undertaken by the Glamorgan County Council which is the Supervising Authority.

SECTION A.—STATISTICS.

Area as given on Ordnance Maps	34,969 acres
Registrar General's Estimate of Population	32,520
Rateable Value	£128,000
Sum represented by a Penny Rate	£526

Birth-rate, 'per R.G.'s birth figures 15.9 per 1,000 estimated civilian population.

Live birth-rate, per R.G.'s birth figures 15.8 per 1,000 estimated civilian population.

Still-brith rate 25.2 per 1,000 live and still-births.

Death-rate 12.3 per 1,000 estimated civilian population.

Deaths from Puerperal causes (Headings 29 and 30 of the Reg. General's Short List).

	<i>Rate per 1,000 Live and Still-births Deaths. per R.G.'s figures.</i>	
No. 29 Puerperal and Post-Abortive Sepsis	Nil	Nil
No. 30 Other Maternal Causes ...	Nil	Nil

Death-rate of Infants under one year of age :

All infants per 1,000 live births 68.0

Legitimate Infants per 1,000 legitimate live births 71.4

Illegitimate Infants per 1,000 Illegitimate live births 160.0

Deaths from Cancer (all ages) 63

„ „ Measles (all ages) 1

„ „ Whooping Cough (all ages) .. —

„ „ Diarrhoea (under 2 years of age) .. —

Report under the Factories Act, 1937.

Inspections were made throughout the year of the factories in the District, and where defects were found, instructions were given to effect the necessary improvements.

The H.M. Inspector of Factories notified a number of changes in the various industries, and these were recorded in the Factories Register.

VITAL STATISTICS DURING THE CALENDAR YEAR 1945, CLASSIFIED BY AGES,
CAUSES AND LOCALITIES.

6

<i>Code No.</i>	<i>Causes of Death</i>	<i>Sex</i>	<i>Totals</i>	0-2	2-5	5-15	15-25	25-45	45-65	65-	<i>Clydach</i>	<i>Pontardawe</i>	<i>Ystalyfera</i>	<i>G.C.G.</i>
3	Scarlet Fever ..	M F	1 —	— —	— —	1 —	— —	— —	— —	— —	— —	1 —	— —	— —
6	Respiratory Tuberculosis ..	M F	10 8	— —	— —	1 1	2 2	5 4	3 1	— —	1 —	2 1	2 4	5 3
7	Other Tuberculosis ..	M F	— 3	— —	— —	— —	2 —	1 —	— —	— —	1 —	1 —	— —	1 —
9	Influenza ..	M F	— 1	— —	— —	— —	— —	— —	— —	1 —	— —	1 —	— —	— —
10	Measles ..	M F	1 —	1 —	— —	— —	— —	— —	— —	— —	1 —	— —	— —	— —
11	Acute Poliomyelitis and Polioencephalitis ..	M F	— 1	— —	1 —	— —	— —	— —	— —	— —	— —	— —	1 —	— —
13M	Cancer of Buccal Cavity and Oesophagus	M	2	—	—	—	—	—	2	—	1	1	—	—
13F	Cancer of Uterus ..	F	3	—	—	—	—	—	3	—	—	—	—	3
14	Cancer of Stomach and Duodenum ..	M F	6 4	— —	— —	— —	— —	— —	3 1	3 3	2 1	1 2	2 —	1 1
15	Cancer of Breast ..	M F	— 4	— —	— —	— —	— —	— —	— 3	1 —	1 —	1 —	1 —	— 1
16	Cancer of all other Sites ..	M F	25 19	— —	— —	— —	— —	2 —	16 8	7 11	12 8	6 5	4 4	3 2
17	Diabetes ..	M F	1 4	— —	— —	— —	— —	— —	— 3	1 —	— 1	— 1	1 —	— 2

AGE	MAJOR CAUSES OF VASCULAR LESIONS	M	F	20	20	36	2	6	9	33	127	186	93	104	105	97
19	Heart Disease ..	M	F	49	20	—	—	—	—	—	8	12	3	7	8	3
				45		1	—	2	—	1	15	31	10	12	15	2
20	Other Circulatory ..	M	F	5	4	—	—	—	—	—	1	4	1	2	1	1
				4		—	—	—	—	—	1	3	2	1	1	—
21	Bronchitis ..	M	F	20	5	2	—	—	—	1	9	8	4	8	6	2
				5		—	—	—	—	—	2	3	3	2	—	—
22	Pneumonia ..	M	F	8	6	3	1	—	—	—	2	2	2	—	4	2
				6		4	—	—	—	—	—	1	—	3	—	3
23	Other Respiratory ..	M	F	25	1	—	—	—	—	4	11	10	3	2	10	10
				1		—	—	—	—	—	1	—	—	—	—	1
24	Ulceration of the Stomach or Duodenum ..	M	F	2	1	—	—	—	—	—	2	—	—	1	—	1
				1		—	—	—	—	—	1	—	—	1	—	—
27	Other Digestive ..	M	F	3	4	1	—	—	—	1	—	—	1	1	1	—
				4		1	—	—	1	—	—	2	1	1	—	—
28	Nephritis ..	M	F	13	9	—	—	—	—	—	5	8	5	3	2	3
				9		—	—	—	—	2	6	—	1	5	1	2
31	Premature Birth ..	M	F	2	1	2	—	—	—	—	—	—	—	—	—	2
				1		1	—	—	—	—	—	—	—	—	1	—
32	Congenital Causes ..	M	F	11	4	11	—	—	—	—	—	—	4	3	2	2
				4		4	—	—	—	—	—	—	1	2	1	—
33	Suicide ..	M	F	2	1	—	—	—	—	1	1	—	—	1	—	1
				1		—	—	—	—	1	—	—	—	1	—	—
35	Other Violent Causes ..	M	F	5	6	—	—	—	—	1	—	4	—	1	—	4
				6		3	—	—	—	1	—	2	1	2	2	1
36	All other Causes ..	M	F	10	18	2	—	1	—	1	1	5	2	4	1	3
				18		—	—	—	—	4	4	9	6	2	5	5
	TOTALS ..			399		36	2	6	9	33	127	186	93	104	105	97

GLAMORGAN (ADMINISTRATIVE COUNTY) — VITAL STATISTICS, 1945.

DISTRICT	BIRTHS			DEATHS		INFANT MORTALITY	
	Estimated Population 1945	Number of Births	Rate per 1,000 Population	Number of Deaths	Rate per 1,000 Population	Deaths under 1 Year	Rate per 1,000 Births
Administrative County ..	697,780	12,643	18.1	9,022	12.9	727	58
Urban Districts ..	514,630	9,391	18.2	6,822	13.3	555	59
Rural Districts ..	183,150	3,252	17.8	2,200	12.0	172	53
England and Wales ..	—	—	16.1	—	11.4	—	46
URBAN DISTRICTS—							
Aberdare ..	38,930	606	15.6	591	15.2	28	46
Barry ..	36,440	740	20.3	503	13.8	41	55
Bridgend ..	11,650	203	17.4	134	11.5	7	35
Caerphilly ..	32,160	678	21.1	452	14.1	46	68
Cowbridge ..	1,207	25	20.7	13	10.8	2	80
Gelligaer ..	35,900	742	20.7	454	12.6	70	94
Glyncorrwg ..	8,948	204	22.8	110	12.3	13	64
Llwchwr ..	24,640	401	16.3	310	12.6	25	62

Maesteg	..	..	22,410	434	19.4	321	14.3	24	55
Mountain Ash	..	..	32,370	620	19.2	409	12.6	35	57
Neath	..	..	29,400	471	16.0	371	12.6	22	47
Ogmore and Garw	..	..	23,560	458	19.4	276	11.7	20	44
Penarth	..	..	15,620	223	14.3	205	13.1	7	31
Pontypridd	..	..	38,020	696	18.3	506	13.3	58	83
Porthcawl	..	..	8,455	137	16.2	125	14.8	5	37
Port Talbot	..	..	38,440	673	17.5	483	12.6	42	62
Rhondda	..	..	116,480	2,080	17.9	1,559	13.4	110	53
RURAL DISTRICTS—									
Cardiff	..	..	34,660	570	16.4	374	10.8	20	35
Cowbridge	..	..	12,270	266	21.7	158	12.9	14	53
Gower ..	..	..	10,670	162	15.2	114	10.7	6	37
Llantrisant	..	..	22,950	499	21.7	327	14.2	34	68
Neath	..	..	39,560	656	16.6	454	11.5	36	55
Penybont	..	..	30,520	584	19.1	374	12.3	27	46
Pontardawe ..	..	..	32,520	515	15.8	399	12.3	35	68

DEATHS FROM VIOLENCE, 1945.

	<i>Male</i>	<i>Female</i>	<i>Clydach</i>	<i>Pontar-dawe</i>	<i>Ystaly-fera</i>	<i>Gwauncaegurwen</i>
Industrial ..	4	—	—	—	—	4
Misadventure ..	1	5	1	3	2	—
Scalds ..	—	1	—	—	—	1
TOTAL ..	5	6	1	3	2	5

SUICIDE.

	<i>Male</i>	<i>Female</i>	<i>Clydach</i>	<i>Pontar-dawe</i>	<i>Ystaly-fera</i>	<i>Gwauncaegurwen</i>
Self-Inflicted Wounds ..	1	—	—	—	—	1
Hanging ..	—	1	—	—	1	—
Coal Gas Poisoning	1	—	—	1	—	—
TOTAL ..	2	1		1	1	1

INFANTILE MORTALITY SINCE 1938.

<i>Year</i>	<i>Total</i>	<i>Rate per 1,000 Births</i>	<i>Clydach</i>	<i>Pontar-dawe</i>	<i>Ystaly-fera</i>	<i>Gwauncaegurwen</i>
1939	23	54.7	9	4	4	6
1940	32	66.3	8	11	9	4
1941	30	57.1	9	11	8	2
1942	29	53.2	7	8	8	6
1943	34	60.8	10	9	11	4
1944	27	47.2	5	13	5	4
1945	35	68.0	7	12	9	7

POPULATION SINCE 1938.

<i>Year.</i>	<i>Population Estimated to Mid-Year</i>				
1939	33,780
1940	33,220
1941	34,330
1942	32,510
1943	31,550
1944	32,250
1945	32,520

BIRTHS IN DISTRICT.

	Total Births		Total	CLYDACH				PONTARDAWE				YSTALYFERA				GWAUNCAEGURWEN			
				Legitimate		Illegitimate		Legitimate		Illegitimate		Legitimate		Illegitimate		Legitimate		Illegitimate	
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
January	14	11	25	3	4	-	-	6	4	-	-	4	2	-	1	1	3	-	-
February	12	9	21	1	-	-	-	4	5	-	-	4	2	-	-	3	1	-	-
March	17	11	28	2	1	-	-	3	3	-	1	7	2	1	-	3	3	-	-
April	16	12	28	5	-	1	-	3	1	-	1	4	4	-	-	4	3	-	-
May	14	17	31	8	4	-	-	2	6	-	-	1	5	-	-	3	2	1	-
June	12	13	25	1	6	-	-	2	1	1	-	2	3	-	-	5	6	-	-
July	14	18	32	3	1	-	-	2	4	-	-	1	4	-	-	3	3	-	-
August	10	14	24	2	3	-	-	5	4	-	-	3	4	-	-	2	6	-	-
September	17	13	30	8	6	-	-	1	4	1	-	1	4	1	-	4	3	-	-
October	10	11	21	3	2	-	-	3	5	-	-	2	2	-	-	1	2	-	-
November	14	14	28	2	1	-	-	3	5	-	-	3	5	-	-	5	2	-	-
December	11	15	26	3	2	1	-	-	4	1	-	3	2	-	-	4	5	-	-
TOTALS	161	158	319	41	30	2	2	34	43	2	3	37	39	2	2	40	32	1	2

BIRTHS BELONGING TO DISTRICT BORN OUTSIDE AREA.

	Total Births		Total	CLYDACH						PONTARDAVE						YSTALYFERA						GWAUNCAEGURWEN					
				Legitimate		Illegitimate		Still Born		Legitimate		Illegitimate		Still Born		Legitimate		Illegitimate		Still Born		Legitimate		Illegitimate		Still Born	
	M	F		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
January	13	10	23	2	3	—	—	—	—	4	4	—	—	—	—	5	2	—	—	—	—	1	1	—	—	—	—
February	14	15	29	3	3	—	—	1	—	4	4	—	—	—	—	2	5	—	—	—	—	4	3	—	—	—	—
March	17	7	24	7	1	—	—	—	—	4	4	—	—	—	—	3	2	—	—	—	—	4	2	—	—	—	—
April	13	2	15	2	—	—	—	—	—	1	1	—	—	—	—	3	1	—	—	—	—	4	—	—	—	—	—
May	11	8	19	3	1	—	—	—	—	1	6	—	—	—	—	7	3	—	—	—	—	—	—	—	—	—	—
June	11	11	22	3	4	—	—	—	—	4	3	—	—	—	—	2	3	—	—	—	—	2	1	—	—	—	—
July	7	6	13	1	2	—	—	—	—	1	1	—	—	—	—	2	2	—	—	—	—	2	2	—	—	—	—
August	8	9	17	—	3	—	—	—	—	2	1	—	—	—	—	3	3	—	—	—	—	4	3	—	—	—	—
September	9	12	21	1	2	—	—	—	—	4	4	—	—	—	—	1	4	—	—	—	—	1	2	—	—	—	—
October	9	6	15	3	—	—	—	—	—	4	2	—	—	—	—	—	2	—	—	—	—	3	2	—	—	—	—
November	12	6	18	3	2	—	—	—	—	4	2	—	—	—	—	5	1	—	—	—	—	1	1	—	—	—	—
December	10	7	17	4	3	—	—	—	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	134	99	233	32	24	2	—	1	—	40	36	—	—	—	—	33	26	—	—	1	—	24	13	—	—	1	—

BIRTHS AND DEATHS SINCE 1938.

<i>Year</i>	<i>Birth Rate per 1,000 population</i>	<i>Death Rate under one year per 1,000 births</i>	<i>Death Rate per 1,000 population</i>
1939	12.4	54.7	12.3
1940	14.5	66.3	12.6
1941	15.3	57.1	11.9
1942	17.4	53.2	12.3
1943	18.0	60.8	12.8
1944	18.3	47.2	12.7
1945	15.9	68.0	12.3

BIRTHS DURING 1945.

					<i>Males</i>	<i>Females</i>
January	..	..	..	..	27	21
February	..	..	..	..	26	24
March ..	..	..	..	..	34	18
April ..	..	..	..	..	29	14
May ..	..	..	..	..	25	25
June ..	..	..	..	..	23	24
July ..	..	..	..	..	21	24
August	..	..	..	..	18	23
September	..	..	..	..	26	25
October	..	..	..	..	19	17
November	..	..	..	..	26	20
December	..	..	..	..	21	22
					295	257

DEATHS IN VARIOUS MONTHS, 1945.

					<i>Males</i>	<i>Females</i>
January	..	..	..	..	27	20
February	..	..	..	..	28	19
March ..	..	..	..	..	22	12
April ..	..	..	..	..	15	13
May ..	..	..	..	..	20	16
June ..	..	..	..	..	17	13
July ..	..	..	..	..	13	13
August	..	..	..	..	15	12
September	..	..	..	..	14	11
October	..	..	..	..	19	10
November	..	..	..	..	16	20
December	..	..	..	..	21	13
					227	172

INFANTILE MORTALITY.

The Infantile Mortality rate has been greatly reduced in the last 25 years, but it can be reduced still further. Motherhood is a high calling which should be placed in its true perspective in the natural, social and human councils. It is not only a contribution to family life, but it is a contribution to the Nation and State. It should be looked up to and placed in the forefront of our national effort. We should spend money freely on it.

Individuality, leisure time and family life are far too precious to lose, but efforts to preserve them should not be blind to the fact that sections of the community are placed in impossible conditions.

Relief measures promoted by the State are essential to health, housing and hygiene, and yet they leave scope for individuality. Education is, however, the biggest remedial factor of all, properly educated mothers will not only care for their infants well but will hand on their family traditional standards to their own children and will also take their part in demanding such conditions which they feel should obtain.

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Deaths under 24 hours ..	5	3	8
Deaths under 1 month ..	11	8	19
Deaths under 1 year	22	13	35

Male under 1 year is far more viable than the female, the dangerous periods are under 24 hours or 3—6 months.

Recent advances in blood examination has shown that many deaths in infants immediately after birth can be prevented by an examination of the mother's blood in the early months of pregnancy.

The estimation of the presence or absence of what is known as the Rh factor is now a routine procedure in most ante-natal clinics.

Should the result indicate that the new-born baby is liable to die immediately after birth the confinement should take place in a Maternity Hospital where there are facilities for injecting the correct type of blood to prevent this haemolytic disease.

INFANTILE MORTALITY. Nett Deaths at Various Ages Under One Year.

<i>Causes of Death</i>	<i>Sex</i>	<i>Under 24 hours</i>	<i>Under 1 week & over 24 hours</i>	<i>1—2 weeks</i>	<i>2—3 weeks</i>	<i>3—4 weeks</i>	<i>Total under 1 month</i>	<i>One month and under 3 months</i>	<i>3—6 months</i>	<i>6—9 months</i>	<i>9—12 months</i>	<i>Total under 1 year</i>	<i>Clydach</i>	<i>Pontardawe</i>	<i>Ystalyfera</i>	<i>G.O.G.</i>
Pyloric Stenosis ..	M F	— —	— —	— —	— —	1 —	1 —	1 —	— —	— —	— —	2 —	1 —	1 —	— —	— —
Pneumonia ..	M F	— —	— —	— —	— 1	— —	— 1	1 —	1 2	1 1	— —	3 4	— —	— 3	2 —	1 1
Spina Bifida ..	M F	— —	— —	1 —	— —	— —	1 —	— —	— —	— —	— —	1 —	— —	— —	— —	1 —
Congenital Heart Disease ..	M F	— —	— —	— —	— 1	— —	— 1	— —	1 —	— —	— —	1 1	— —	1 —	1 —	— —
Acute Bronchitis	M F	— —	— —	— —	— —	— —	— —	— —	2 —	— —	— —	2 —	— —	1 —	1 —	— —
Gastro Enteritis ..	M F	— —	— —	— —	— —	— —	— —	— 1	— —	1 —	— —	1 1	1 —	— 1	— —	— —
Inattention at Birth ..	M F	— 1	— —	— —	— —	— —	— 1	— —	— —	— —	— —	— 1	— —	— 1	— —	— —

(Continued overleaf.)

The information given in the following series of tables extracted from the 1931 census all relates to the conditions then prevailing in this Administrative Area.

1931 Census.

ACREAGE, POPULATION, PRIVATE FAMILIES AND DWELLINGS.

ADMINISTRATIVE AREA (and Registration Reference No.)	Acreage (Land and Inland Water)	TOTAL POPULATION					Private Families and Dwellings, 1931 (see definitions at beginning of table)					
		1921 Persons	1931				Private Families <i>h</i>	Popula- tion in Private Families <i>i</i>	Struc- turally Separate Dwellings occupied <i>j</i>	Rooms occupied <i>k</i>	Per- sons per Room <i>l</i>	
			Persons	Males	Females	Per- sons per Acre						
												<i>c</i>	d	e	f	g
Columns	<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>	<i>f</i>	<i>g</i>	<i>h</i>	<i>i</i>	<i>j</i>	<i>k</i>	<i>l</i>
PONTARDAWE R.D.												
Civil Parishes (593 : 1)		34,969	34,619	36,569	18,584	17,985	1.05	8,772	36,213	8,152	42,282	0.86
Cilybebyll	3,982	3,397	3,451	1,733	1,718	0.87	854	3,424	787	4,129	0.83
Llangiwig	12,553	20,193	21,350	10,969	10,381	1.70	5,031	21,143	4,676	24,111	0.88
Mawr	9,216	1,700	1,721	890	831	0.19	380	1,721	353	1,914	0.90
Rhyndwyclydach	7,705	8,789	9,444	4,672	4,772	1.23	2,356	9,322	2,188	11,398	0.82
Ynys y Mond	1,513	540	603	320	283	0.40	151	603	148	730	0.83

1931 Census.

COMPARISON OF CENSUS AND RESIDENT POPULATION.

Administrative Area	ENUMERATED POPULATION, 1931			Enumerated in the Area, but resident elsewhere in England and Wales		Resident in the Area, but enumerated elsewhere in England and Wales		Excess or Deficiency (—) of Residents in relation to enumerated			
								Numbers			Per 1,000 enumerated
	Persons	Males	Females	Persons	Males	Females	Persons				
Column a	b	c	d	e	f	g	h	i	j	k	l
Pontardawe ..	36,569	18,584	17,985	71	142	233	215	235	162	73	6

DWELLINGS, ROOMS, AND FAMILIES.

	STRUCTURALLY SEPARATE DWELLINGS OF							NUMBER OF ROOMS					
	1 Room	2 Rooms	3 Rooms	4 Rooms	5 Rooms	6—8 Rooms	9 or more Rooms	All Sizes	Total	Occupied	Vacant		
											Fur-nished	Others	
Columns	a	b	c	d	e	f	g	h	i	j	k	l	m
Dwellings occupied by 1 private family	1	203	351	1,818	2,321	2,772	86	7,552	38,731	38,692	16	23	
Dwellings occupied by 2 private families	—	—	2	39	160	367	13	581	3,456	3,452	—	4	
Dwellings occupied by 3 or more private families	—	—	1	—	3	11	4	19	138	138	—	—	
Total dwellings oc-cupied	1	203	354	1,857	2,484	3,150	103	8,152	42,325	42,282	16	27	
Dwellings wholly vacant:													
Furnished	—	1	—	7	4	12	—	24	122	—	122	—	
Others	—	3	7	26	20	22	2	80	394	—	—	394	
Total dwellings oc-cupied and vacant	1	207	361	1,890	2,508	3,184	105	8,256	42,841	42,282	138	421	
Number of private families therein	1	203	358	1,896	2,650	3,540	124	8,772	—	—	—	—	
Miscellaneous habita-tions and institu-tions housing non-private families		..	..	..	..	..	..	..	40			

PRIVATE FAMILIES, CLASSIFIED BY SIZE OF FAMILY, ROOMS OCCUPIED, AND DENSITY OF OCCUPATION.

NUMBER OF PERSONS IN FAMILY	NUMBER OF PRIVATE FAMILIES OCCUPYING FOLLOWING NUMBER OF ROOMS										TOTAL PRIV. FAM. ILLIES	POP. IN PRIV. FAM-ILIES	ROOMS OCCUPIED	DENSITY OF OCCUPATION													
	Columns	a	b	c	d	e	f	g	h	i				j	k	l	m	n	o	p	q	r	POPULATION AT FOLLOWING DENSITIES OF OCCUPATION (Persons per Room)				
																							AVER. NO. PERSONS PER ROOM	over 3	3 and over 2	2 and over 1½	1½ and over 1
1	..	5	68	37	61	33	46	4	—	6	—	254	254	982	0.26	—	—	—	—	—	—						
2	..	11	234	166	359	291	354	19	—	8	—	1,440	2,880	6,284	0.46	—	—	—	22	—	—						
3	..	7	248	204	503	533	526	32	8	8	—	2,056	6,168	9,340	0.66	—	—	21	—	744	—						
4	..	2	97	130	506	538	566	32	9	9	—	1,880	7,520	9,178	0.82	8	—	—	—	520	—						
5	..	..	42	99	302	383	455	46	10	10	—	1,337	6,685	6,823	0.98	—	—	210	495	1,510	—				
6	..	1	15	45	154	283	295	32	7	7	—	832	4,992	4,389	1.14	6	—	90	270	2,622	—						
7	..	..	4	15	95	165	182	15	5	5	—	481	3,367	2,583	1.30	28	—	105	665	2,051	—				
8	..	..	1	9	47	94	100	14	..	..	—	265	2,120	1,429	1.48	8	—	72	1,128	800	—		
9	..	..	..	6	24	47	42	2	1	1	—	122	1,098	647	1.70	..	—	270	423	387	—			
10	..	..	..	1	7	24	29	1	..	..	—	63	630	346	1.82	10	—	70	480	70	—	
11	..	..	..	..	1	11	11	1	..	..	—	24	264	136	1.94	..	—	132	121	11	—
12	..	..	..	..	2	..	4	..	..	..	—	8	96	43	2.23	..	—	48	48	..	—
13	..	..	..	1	..	1	3	..	..	..	—	5	65	28	2.32	13	—	26	26	..	—
14	..	..	..	..	..	1	1	..	..	..	—	2	28	11	2.55	..	—	28	..	..	—				
15 and over	..	..	..	..	2	1	..	..	..	..	—	3	46	13	3.54	31	—	15	..	..	—				
2 Persons and over	21	641	676	2,002	2,374	2,568	195	41	41	41	41	8,518	35,959	41,250	0.87	104	1,087	4,066	8,715	..	..				
Total Private Families	26	709	713	2,063	2,407	2,614	199	41	41	41	41	8,772	—	—	—	—	—	—	—	—	—						
Population in Private Families	62	2,004	2,520	8,139	10,736	11,605	954	193	193	193	193	—	36,213	—	—	0.86	104	1,087	4,066	8,715					
Rooms occupied	26	1,418	2,139	8,252	12,035	16,252	1,638	472	472	472	472	—	—	42,232	—	—	—	—	—	—	—						

1931 Census.

POPULATION IN NON-PRIVATE FAMILIES, CLASSIFIED BY HABITATIONS.

Administrative Area	Total Enumerated Population.		Population in Dwellings occupied by Private Families.		In Hotels, Boarding Houses, Lodging Houses, etc.		In Schools, Orphanages, and other Educational Institutions (excluding Reformatories).		In Civilian Hospitals, Nursing Homes and other Institutions for the Temporarily Sick (a).		In Institutions for Insane or Mentally Deficient, Cripples, Blind and other Permanently Disabled.		In Workhouses and other Poor Law Institutions (excluding Infirmarys and Educational Institutions) (b).		In Prisons, Police Stations and other Places of Detention (including Reformatories).		In Naval, Military and Air Force Premises (including Ships and Hospitals).		In Civilian Ships, Boats, and Barges.		All Others (including Vagrants).	
	Per-sons	%	Per-sons	%	Per-sons	%	Per-sons	%	Per-sons	%	Per-sons	%	Per-sons	%	Per-sons	%	Per-sons	%	Per-sons	%	Per-sons	%
Pontardawe ..	36,213	99.1	176	0.5	46	0.1	42	0.1	—	—	83	0.2	1	0.0	—	—	—	—	—	—	8	0.0

1931 Census.

AGES (GROUPED) AND MARITAL CONDITIONS.

	TOTAL POPULATION		MARRIED ONLY	
	Males	Females	Males	Females
TOTAL ..	18,584	17,985	7,682	7,668
<i>Marital Conditions</i>				
Single	10,227	9,106	—	—
Married	7,682	7,668	7,682	7,668
Widowed	672	1,207	—	—
Divorced	3	4	—	—
<i>Ages (last birthday)</i>				
0—4	1,414	1,393	—	—
5—9	1,800	1,673	—	—
10—14	1,867	1,873	—	—
15—19	1,753	1,694	4	34
20—24	1,622	1,509	206	457
25—29	1,525	1,476	745	925
30—34	1,386	1,443	1,024	1,130
35—39	1,265	1,388	1,021	1,156
40—44	1,281	1,215	1,090	1,017
45—49	1,221	1,089	1,035	915
50—54	1,074	967	901	747
55—59	909	798	696	604
60—64	633	581	485	341
65—69	409	397	269	194
70—74	229	259	141	102
75—79	127	141	47	38
80—84	53	60	16	8
85—89	12	24	2	—
90—94	4	3	—	—
95 and over ..	—	2	—	—

1931 Census.

LOCAL AGE AND CONDITION DISTRIBUTIONS.

(Areas with less than 50,000 Population).

Area	Average Age		Number of Married Women aged less than 45 per 1,000 Females of all ages	Number of Females per 1,000 Males
	Males	Females		
Pontardawe R.D...	30.3	30.2	262	968

1931 Census.

AGES (Individual Years) UNDER 21.

<i>Age last Birthday</i>	<i>Males</i>	<i>Females</i>
0—21	7,155	6,943
0	280	248
1	268	295
2	269	279
3	279	279
4	318	292
5	339	310
6	350	313
7	337	333
8	368	332
9	406	385
10	437	413
11	393	423
12	341	359
13	338	346
14	358	332
15	346	337
16	377	334
17	374	344
18	334	346
19	322	333
20	321	310

1931 Census.

LANGUAGE SPOKEN.

Proportion per 1,000 of the Population, aged Three Years and upwards, returned as able to speak Welsh only, and both English and Welsh. Glamorgan Administrative County, Urban and Rural Districts.

	<i>Language Spoken</i>					
	<i>Welsh only</i>			<i>Both English and Welsh</i>		
	1911	1921	1931	1911	1921	1931
Pontardawe R.D.	168	133	62	635	672	743

SECTION B.—GENERAL PROVISION OF HEALTH SERVICES FOR THE DISTRICT.

(a) Laboratory Facilities.

Pathological specimens continue to be sent to the City and County Laboratory, Cardiff, by the local general practitioners and from the Gellynudd Isolation Hospital, although the primary specimens are examined at the small laboratory now attached to this Hospital. This new departure is proving of immense value in the early diagnosis of newly admitted cases of infectious diseases.

Samples of water, milk and other foods are still sent to the Cardiff Laboratory for bacteriological examination but in this case also many milk samples are now tested at the Hospital's new laboratory.

Samples taken.

WATER :

Bacteriological Examinations	..	..	31
Chemical Analyses	..	..	18

MILK :

Bacteriological Examinations	41
------------------------------	----	----	----

SEWAGE :

Sewage and Effluent Analyses	16
------------------------------	----	----	----

Copies of the results of sewage and effluent samples taken from the Council's sewage farms were received from the County Medical Officer of Health.

(b) Hospitals.

GWRHYD SMALL-POX HOSPITAL.

This Hospital continues to be kept on a care and maintenance basis with a small supply of emergency equipment stored at the Gellynudd Isolation Hospital. The joint caretakers are held responsible for the cleanliness and the general preparedness of the premises to accept patients should the need arise.

GELLYNUDD ISOLATION HOSPITAL.

The number of cases of the various infectious conditions admitted to this hospital during the year was 171.

Included in the total given above are a number of cases from the Ystradgynlais District, which were admitted to the hospital by arrangement with the Ystradgynlais Rural District Council.

Some three or four years ago the Welsh Board of Health appointed a sub-committee to review the hospitals in Wales and Monmouth and to make recommendations on the future

hospitalization of the Districts concerned. When the sub-committee's report was published early in 1945 it was seen that they suggested dividing the country into Regions. This district was to be included in the region embracing the Local Authorities of Ystradgynlais Rural District Council, Pontardawe Rural District Council, Llchwyr Urban District Council, Borough of Swansea and Gower Rural District Council. It will thus be seen that the region was meant to reach from the southern slopes of the Black Mountains to the far end of Gower peninsula. This recommendation was a distinct departure from past policy, as you will remember that the County Authority had envisaged hospital accommodation for our people in the Neath District.

The Hospital Survey mentioned stated that Gellynudd Isolation Hospital is not suitable for hospital purposes and recommends that all cases of infectious diseases from the Ystradgynlais and Pontardawe Districts should be taken to the Hill House and Garngoch Hospitals which, in view of the unnecessary suffering inflicted on patients by the long journey and of the inconvenience this would cause to everybody else concerned is, to say the least, rather an unusual suggestion. Recent scientific development and Government practice have also shown that the concentration of services of this kind is bad policy.

As this recommendation seems to have been made on an old report of 1938, for no visit was paid to the hospital during the time of the survey, it is desired to mention briefly recent alterations and improvements which have made our hospital equal to any institution of a similar nature.

- (i) Installation of Central Heating.
- (ii) Installation of Steam Fumigator.
- (iii) Installation of Baths and Wash-ups in all Wards.
- (iv) Provision of Operating Table and all necessary instruments.
- (v) Almost complete re-equipment of Bedsteads and Bedding Material, etc.
- (vi) Provision of Artificial Lung under the Lord Nuffield scheme.
- (vii) Provision of Laboratory for immediate bacteriological examination of specimens.
- (viii) Extra Trained Staff have been employed.
- (ix) The Hospital has been completely renovated.

(c) Additional Patient Accommodation and Particulars of Maintenance Costs.

It is agreed that to maintain the area specified for Isolation Hospital beds, namely 144 sq. ft. per patient, we have now only accommodation for 12 patients. This, it is realized, is

not sufficient, and if we are to continue as at present, where we provide accommodation for the Ystradgynlais residents, we shall require more floor space. The present population of the two Districts is estimated as follows :

Pontardawe R.D.C.	..	..	33,000
Ystradgynlais R.D.C.	..	..	12,000
			<hr/>
TOTAL	..	..	45,000
			<hr/>

Estimated 1 bed per 1,500 population, 45,000

= 30 beds.
1,500

Additional Beds required .. 30—12 = 18 beds.

CONSTRUCTION OF CUBICLES.

The additional 18 beds required to properly serve the two Districts should be constructed on the cubicle principle as modern practice has found this to be the best method.

LODGE ACCOMMODATION.

There has been a long standing need of lodge accommodation at the hospital. Present arrangements whereby it is necessary to travel considerable distances, outside normal working hours, to secure an ambulance driver or a porter at urgent times are far from satisfactory.

I would therefore recommend that a lodge be built in the course of the next three financial years at the cost of a Council house.

PRINCE OF WALES ORTHOPAEDIC HOSPITAL, CARDIFF.

When necessary, cases are admitted to the above-mentioned Hospital under our Maternity and Child Welfare Scheme.

The arrangement whereby children in need of treatment and coming within our jurisdiction are admitted to this Hospital has been in operation for a number of years, and is working excellently.

WEST GLAMORGAN HOSPITAL.

The arrangement whereby emergency maternity cases are admitted to the West Glamorgan Hospital continues to operate. This agreement also extends to the admittance of other cases on the authority of your Medical Officer of Health.

In addition to the cases admitted through the Public Health Department, a very considerable number of expectant mothers from the District enter this Hospital for their confinement by private arrangements made between the persons concerned and the County Authorities.

(d) Ambulance Facilities.

Infectious disease cases occurring throughout the Rural District are conveyed when necessary in the ambulance attached to the Gellynudd Isolation Hospital. Other cases in need of an ambulance are conveyed to the various hospitals and institutions by the St. John's Ambulances stationed in the different districts, or by Works or Public Ambulances.

The ambulance services known to be at present operating in the District are given below.

<i>Locality</i>	<i>No. of Ambulances</i>	<i>Owners</i>	<i>Purpose</i>	<i>Fees</i>
Clydach ..	1	St. John's Organisation	Public usage.	Contrib. 8/8 per annum.
	1	Mond Nickel.	Mond Employees only.	Non-Contrib. 5/- + 1/3 per mile. Only used for Works Accidents.
Pontardawe ..	1	Gilbertsons' Works Committee.	Employees and Public usage.	Contrib. 4/4 per annum. Non-Con. 1/3 per mile.
Ystalyfera ..	1	Public Committee.	Public usage.	Contrib. 4/- per annum. Non-Con. 1/6 per mile.
Cwmllynfell ..	1	St. John's Organisation.	Public usage.	Contrib. 8/8 per annum. Non-Con. 5/- + 1/3 mile.
Gwauncaegurwen	1	St. John's Organisation.	Public usage.	Contrib. 8/8 per annum. Non-Con. 5/- + 1/3 mile.

It is seen that there are six ambulances operating, but despite this there have been occasions in the District where considerable delay has been experienced in conveying urgent cases to hospital. Where such a situation can arise it is thought that some re-organisation is necessary and a controlling body formed which can command service when occasion demands.

In order to bring about such a situation I would recommend that in the course of the next three years three ambulances be bought and distributed in such a manner so that each would service a third of the District. While this is being done I would suggest that agreements be made with existing Com-

mittees which would enable your Council to have some voice in the services to be rendered and which would enable any payment being made to be reduced as your own service came into operation. Such an arrangement would allow the total population to benefit from the public grant and would show at a later date what ambulances became redundant.

(e) Nursing in the Home.

The nurses attached to the various Nursing Associations in the District undertake nursing in the homes where the need arises. Grants towards the costs of running these associations are made by the Council.

(f) Ynisderw and Danygraig Hostels.

These hostels were opened for the purpose of housing evacuee children who, because of minor ailments, could not be billeted in private homes. As a result of the return of a considerable number of these children to their permanent homes it became necessary to close the Ynisderw Hostel in August, but the other hostel continued to maintain a number of children throughout the year.

The medical and psychological supervision of the children in residence at these hostels was performed by the Medical Officer of Health in co-operation with Officials of the Welsh Board of Health.

(g) Institution of Health Centre.

The future of the health services of this District revolves around a proper Centre. The present accommodation does not allow for the expansion necessary to meet the needs of the increased staff and other commitments. At present the Office accommodation is so overcrowded as to be really injurious to the health of the Staff. Some of the services, such as the Scabies Centre at the Old Brewery, are housed in totally unsuitable premises. In this particular case there is always the knowledge that the arrangements for the use of this building are temporary and we may have to close it at short notice and this despite the fact that good work is done there, for nearly a 800 cases have already been treated.

In order that you may better appreciate the services which it is desired to institute and concentrate at the Health Centre and the accommodation required therefore, these matters are mentioned below.

(i) PUBLIC HEALTH ADMINISTRATIVE ORGANISATION.

- (a) Medical Officer of Health.
- (b) Sanitary Inspectors.
- (c) Health Department Staff.
- (d) Medical Officer of Health's Consulting Room.
- (e) Laboratory.
- (f) Storeroom of Sanitary Inspectors' poisons, etc.
- (g) Lecture Room for Health Talks and Exhibitions.

(ii) CLINIC ACCOMMODATION.

- (a) Ante-Natal.
- (b) Pontardawe Infant Welfare.
- (c) Minor Ailments.
- (d) Orthopaedic.
- (e) Ophthalmic.
- (f) Dental.
- (g) Ear, Nose and Throat.
- (h) Physio-Therapy Treatment.
- (i) Scabies Treatment.
- (j) Vitamins and National Dried Milk.

The concentration of these services on one site would be of inestimable value and the good work that could be performed is almost beyond limitation. The long delay which is sometimes inevitable when referring Maternity and Child Welfare cases to Cardiff would be eliminated. Such an arrangement would allow the number of expectant mothers receiving ante-natal examinations to be increased and would prevent many fatiguing journeys. These and many other benefits would accrue by having matters under our direct control.

Should the negotiations for a Health Centre materialize one can visualize the possibility of the School Clinic and Tuberculosis Clinic now held at the Infants' School and in Herbert Street, being centralised at these grounds, especially now that the Government proposes to give us a comprehensive Health Scheme. The advantages of such a re-organization would be outstanding.

MATERNITY AND CHILD WELFARE CENTRES.

(a) The Infant Welfare Centres of this Authority are at present mostly held in unsuitable buildings which are totally inadequate for the functions to be performed in dealing with young infants. Below is a brief description of each premises.

CLYDACH. This Clinic is now held in the Old Nursery School building near the Mond Corner. The building is a fairly large wooden hut which has been adapted by the Architect and is considered satisfactory except for the site and the lack of a veranda as a pram shelter.

PONTARDAWE. Now held at the St. John's Hall Building, new and clean, but cannot be considered satisfactory because of the uphill climb and the lack of pram accommodation. In the event of the purchase of Ynisderw House this Clinic would be held there.

GODRERGRAIG. Held at the Miners' Welfare Hall. This arrangement was considered fairly satisfactory some years ago, but in the changed circumstances brought about by modern needs the premises cannot now be taken as satisfactory.

YSTALFERA. This Clinic is held in a house in Wern Road which is totally inadequate. The rooms are far too small and generally unsuitable. An added disadvantage is the fact that the house is situated on the main road, making the congregation of prams, for which there is no provision, a dangerous practice.

CWMLLYNFELL. Held at the Cwmllynfell Chapel Vestry. This room is well kept but owing to the nature of the building it cannot be used for many of the functions associated with Maternity and Child Welfare work, therefore it is felt that alternative accommodation is required.

GWAUNCAEGURWEN. Housed at the Minor Welfare Hall. There is a large waiting room, but the doctor's room and weighing room are very small and can be considered unsuitable. Another difficulty here is the dark stairway leading to the doctor's room.

(b) Recommendations.

As a solution to this problem it is suggested that a standard type of building similar to the one now operating as a Clinic at Clydach be erected on new sites to be selected at Godrergraig, Ystalyfera, Cwmllynfell and Gwauncaegurwen with an additional veranda as a pram shelter.

In our new scheme these buildings would also be used as Ante-Natal Clinics, which would be under the direct control

of the Department. As previously stated, such an arrangement would prevent long fatiguing journeys by women in the advanced stage of pregnancy and would certainly increase the percentage of such women known to be receiving ante-natal care.

Sub-Committee Clinic Reports.

The six sub-committees submitted reports on all Clinic meetings held throughout the year. These showed the attendances to be on the whole fairly satisfactory, but it is felt that with the return to normal conditions some improvement is to be expected. Should we be able to build in the coming years the new centres which the Council have agreed to install a very great advance will be made towards solving the problem of clinic accommodation and attendances.

Sub-Committee Applications.

The varied arrangements necessary for the examination and treatment of the cases mentioned below were made with the County and other Authorities.

<i>Cases of Special Nourishment</i>	<i>Dental Cases</i>	<i>Orthopaedic Cases</i>	<i>Ear, Nose and Throat Cases</i>	<i>Ophthalmic Home Cases</i>	<i>Helps</i>
17	7	18	16	10	4

The results obtained from the appointments made with County Medical Officers and other Specialists for these cases are indeed encouraging. The treatment received by patients as a result of these examinations was often instrumental in preventing permanent disfigurement or physical disablement.

The figures given below show the quantities of the various vitamin supplements issued in the District during the year.

<i>District</i>	<i>Orange Juice (bottles)</i>	<i>Cod Liver Oil (bottles)</i>	<i>Vitamin Tablets (packets)</i>	<i>National Dried Milk (tins)</i>
Clydach ..	6,014	488	83	2,378
Craigcefnparc ..	1,920	297	14	552
Trebanos ..	1,185	103	25	2
Pontardawe ..	18,389	1,695	357	10,386
Alltwen ..	1,189	114	26	19
Godrergrraig ..	822	99	2	325
Ystalyfera ..	4,429	526	85	2,611
Cwmlllynfell ..	2,734	421	63	1,342
Gwauncaegurwen	8,384	797	176	2,128
TOTALS ..	45,066	4,540	831	19,743

The figures given above, which include those supplied by the Local Food Office, show a fairly satisfactory distribution of these vitamin supplements and National Dried Milk. In a

schedule issued by the Ministry of Food it is shown that quantities distributed in this District compare favourably with those issued by other comparable authorities.

In order to maintain this comparison a joint publicity campaign is to be instituted by the Local Food Office and this Department. It is intended to have window displays in the four main centres of population and to otherwise advertise these products by posters and film slides. The Ministry of Food are also arranging for a special advertising van to visit the District. By these methods it is hoped to impress those eligible of the importance which is attached to the vitamin supplements which are available.

Ante-Natal Scheme.

In the course of the year only 91 expectant mothers were examined for the Maternity and Child Welfare Authority by General Practitioners at their surgeries, and such a total is considered far from satisfactory. However, should the programme which the Council is now embarking upon materialise, a great improvement will be effected and the future will bring better care and attention to expectant mothers.

Health Visiting of Children under 5 Years of Age.

Below are particulars of visits paid by our Health Visitors to young children of pre-school age and coming within our jurisdiction as a Maternity and Child Welfare Authority.

	<i>Total visits.</i>
To children under 1 year of age	4,946
To children between the ages of 1 and 5 years	4,986

The Health Visitors continue to be informed at an early date of all births notified to the Department. This procedure enables advice to be given to the mothers of the newly born at the earliest opportunity and therefore when it is most needed.

Children attending at Clinic Centres.

The total number of children under 5 years of age who attended at the six Infant Centres is given below.

Under 1 year of age at the end of the year ..	338
Over 1 year but under 5 years at the end of the year	689

These figures show that approximately 40% of all children under 5 years of age attended at the various Centres. This figure is lower than that for the previous year and, as is stated elsewhere, can only be considered fairly satisfactory, even after allowing for the unusual circumstances prevailing. However, as is also stated elsewhere, the building of the new centres which the Council have decided to erect will go far to solve the problem of clinic attendances.

Infantile Mortality.

Thirty-five deaths occurred in children under one year of age during the year. Eighteen of these deaths occurred in hospitals and maternity homes, while the other seventeen children died in their homes. The figure given for deaths is higher than is usual for the number of births notified and is therefore bound to show when calculated on the Registrar General's statistics, a higher rate of infantile mortality than the average for the whole Country.

A detailed study has shown that the causes responsible for the highest number of deaths were pneumonia and asphyxia pallida.

Maternity Accommodation.

In accordance with arrangements made during 1943 which had regard to the unsuitability of home conditions for confinements six maternity cases were admitted to the West Glamorgan Hospital on the authority of your Medical Officer of Health. Application was made to admit more expectant mothers than the six who were successful, but owing to the restricted number of beds available at this hospital other arrangements had to be made for the unsuccessful applicants.

Maternal Mortality.

A detailed analysis of the death returns received from the Local Registrar has shown a nil return for deaths from maternal causes. This is indeed very satisfactory.

Care of Premature Infants and Illegitimate Children.

(a) Premature Infants

In accordance with the provisions of Circular 20/44 the weights of all newly-born infants are now included on the form of notification. This method of notification enabled special attention to be given by the Health Visitors to premature infants.

The total number of such children notified during the year was 29, of which 20 were born in hospitals and 9 at the parents' homes.

(b) Illegitimate Children

The Health Visitors continued to give the best advice they could offer in cases of illegitimacy and in accordance with a previous decision every assistance was rendered by the Department to these mothers and children.

Supply of Sheets for Expectant Mothers.

The dockets supplied by the Ministry of Health which enable priority to be given to expectant mothers in the matter

of bed-sheets continued to be issued throughout the year, on the receipt of a certificate of need from the doctor or midwife.

The total number of dockets issued was 525.

Child Life Protection.

(Section 206 to 220 Public Health Act, 1936).

It did not become necessary to take action under the sections given above throughout the year.

Diphtheria Immunisation.

Facilities for the diphtheria immunisation of school and clinic children have been in operation throughout the year. The number estimated to be immunised at the end of the year in the two age groups listed by the Welsh Board of Health is given below.

		<i>% of Total No.</i>
Estimated total between the ages of 1 and 5 years	1,480	73%
Estimated total between the ages of 5 and 15 years	3,460	78%

The practice of sending special birthday cards to every child on attaining his first birthday is proving of value in our immunisation campaign. As has been stated in former years these cards are designed to stress the importance of immunisation against diphtheria and urge parents with young children to take advantage of the facilities which are placed at their disposal by the Welfare Authority. It is felt that these and the good work done by our Health Visitors and Clinic Staffs are mainly responsible for maintaining the number immunised at a satisfactory level.

Advice to Expectant and Nursing Mothers.

Attendance at the various Infant Centres revealed a great demand for guidance by expectant mothers and mothers of young children, and showed a weakness in our organisation in matters of information on conditions of pregnancy and the feeding of young children. In order to improve matters in these respects a whole series of pamphlets were designed, giving all the relevant information on these subjects and they have since been distributed through the Centres and by our Health Visitors. From reports received the pamphlets are proving very valuable and are fulfilling a long felt need.

DIPHTHERIA IMMUNISATION.

<i>Age Group</i>	<i>No. of Children</i>	<i>Number Immunised since 1938</i>	<i>Percentage</i>
1—5 years ..	1890	1480	73.0%
5—15 years ..	4400	3460	78.0%
		<i>During the Year 1945</i>	
1—5 years ..		381	
5—15 years ..		2	

The notified cases of diphtheria were 14 less than in 1944 and the lowest since 1940. The number of cases of this disease fluctuates from year to year.

The distribution this year shows a prevalence in Pontardawe. Gwauncaegurwen, which has the highest percentage of immunised children, has the lowest incidence for the last five years.

The greatest number of cases occurred in the age group 10—15.

Swabs were sent to Cardiff Laboratory, who classified the cases as follows :

Gravis Types	21
Inter	16
Mitis	10

Another good feature is that there were no deaths.

Hospital Returns.

No. cases admitted	50
No. immunised cases	15
No. of deaths	Nil
No. of tracheotomies	1

ANTE-NATAL EXAMINATIONS

from Completed Forms returned from Practitioners in the District.

<i>District</i>	<i>No. of Births</i>	<i>No. of Ante-Natal Forms</i>	<i>%</i>
Clydach	133	31	23.3
Pontardawe	163	41	25.15
Ystalyfera	143	16	11.188
Gwauncaegurwen ..	113	3	2.65
	552	91	16.48

AVERAGE ATTENDANCES AT INFANT WELFARE CLINICS.

	<i>Clydach</i>	<i>Pontardawe</i>	<i>Ystalyfera</i>	<i>Godrevygraig</i>	<i>Gwauncae-gurwen</i>	<i>Cwmlllyn-fell</i>
1937	48.0	42.0	33.6	25.5	50.3	48.0
1938	53.6	55.0	33.0	29.0	46.0	42.7
1939	51.2	64.3	34.5	32.0	48.6	42.6
1940	51.5	60.0	34.3	30.7	47.3	45.6
1941	55.0	56.0	35.0	30.1	54.8	40.9
1942	58.3	71.0	29.0	54.6	72.5	45.9
1943	49.6	82.6	30.5	58.8	75.3	44.1
1944	54.5	77.8	26.5	56.9	83.5	63.7
1945	42.4	80.2	29.1	45.7	83.5	72.0

FEEDING OF CHILDREN FROM 9 TO 18 MONTHS OF AGE.

FEEDING TIMES.

After nine months, baby's meal times should be gradually adjusted so as to fit in with the rest of the family. Three main meals and two smaller snack meals of milk and/or fruit should be given. Children should sit down for meals and also rest after eating. They should never be allowed to eat while standing or running about.

MILK.

Milk should still be an essential part of the diet, the foundation, in fact. Not less than a pint a day should be given, and if the child gets tired of it so that he will not drink it alone, it should be flavoured with cocoa or similar beverage (but *not* tea), or made into soup, puddings or milk jellies. (Note that jellies made of *water only* have very little food value).

Pasteurised milk is safest and should not be boiled, but all other kinds of milk must still be boiled, as for very young babies.

VEGETABLES AND FRUIT.

Some cooked vegetables, and raw or cooked fruit should both be given daily. Green leaf or pod, and root vegetables should be given in variety, but remember when cooking any green leaf vegetables they must be cooked *very quickly* (therefore not steamed) with a *little* water and *no* soda if much of their food value is not to be destroyed.

If there is a tendency to constipation, give even more vegetables and, if possible, some stewed or raw fruit with every meal.

On Waking, 6—7 a.m.	Breakfast, 8 a.m.	Dinner, 12-30 a.m.	Tea, 4-30—5 p.m.	6-15 p.m.
Juice of half an orange, or a tablespoonful of tomato or other fruit juice with water.	<p>(1) About 8-oz. milk (breakfast cupful).</p> <p>(2) Porridge, or, for variety, some other "wholemeal" or "balanced" cereal food, such as groats, Farex, etc.</p> <p>(3) Half-an-egg (a whole egg after 1 year old), either mixed with porridge, or wholemeal breadcrumbs, should be given three or more times a week.</p> <p>or, after one year, a small rash of crisp bacon may be given instead of the egg.</p> <p>or, Boned herring, haddock, or other fish may also be given for change.</p> <p>(4) One teaspoonful plain cod-liver oil.</p> <p>(5) A little stewed apple or prunes (about 1 tablespoonful) may be given with benefit.</p>	<p>(1) Water to drink.</p> <p>(2) Fish, boiled or steamed (1-oz.).</p> <p>or, Egg if not given at breakfast,</p> <p>or, after one year, minced rabbit or butcher's meat (1-oz.).</p> <p>(3) Mashed vegetables (always give at least two, including potato). Use roots, especially carrots, as well as the leaf and pod vegetables.</p> <p>(4) If bread is given it must be <i>wholemeal</i>.</p> <p>(5) Stewed fruit (apple, prunes, etc.).</p> <p>or, Ripe mashed banana (raw).</p> <p>or, Milk pudding (about 1 tablespoonful).</p> <p>or, Milk jelly (not ordinary jelly).</p> <p>(6) To clean the teeth, finish by chewing at a whole apple, or large piece of carrot (raw).</p>	<p>(1) Milk, 8-10 oz. ($\frac{1}{2}$-pint).</p> <p>(2) Thin, whole-meal or brown bread and butter, with or without honey, fruit-jelly or seedless jam for flavouring.</p> <p>(3) Sponge or other simple cakes (if desired; not necessary).</p> <p>(4) Ripe mashed banana or stewed fruit (with or without junket or custard).</p> <p>(5) Complete the meal with a chew at the apple or piece of carrot used at dinner-time, or, failing meal bread.</p>	<p>No solid food should be given after tea.</p> <p>Biscuits especially must be avoided, as they leave the teeth dirty and encourage decay.</p> <p>If a drink of milk is wanted, keep some of the half-pint or so allowed for tea, and give less then.</p>

EGGS, FISH, MEAT AND CHEESE.

Eggs or fish should be given frequently. From a year onwards, a little meat may be added. This should be minced or shredded until the child can chew properly. There is little to choose in digestibility between different kinds of meat, except pork, which is the richest and should not be given until the child has begun to eat other meat unminced.

To satisfy the needs of growth a child between the ages of 1—2 years needs daily about one pint of milk, and either one egg, or about 1-oz. of cheese, fish, liver or other meat.

SWEETS, AND BISCUITS AND CARE OF THE TEETH.

Sweet food is liable to destroy appetite, and should therefore be given only at the end of a meal, and never between meals. Sweet food, especially most kinds of biscuits, is liable to cause decay of the teeth and unhealthy gums if left on them. This can be prevented by giving a hard "cleansing" piece of food, such as a slice of apple or raw carrot, or, failing this, a crust of wholemeal bread, to chew at the end of the meal. If none of these is available, the gums and teeth should be gently cleaned with a brush. This should at any rate be done after the last feed of the day, and the child should be taught to do it himself as soon as he can hold the brush.

VITAMINS, MINERAL SALTS AND WATER.

Every child should have cod-liver oil or one of its substitutes daily; for in this locality where sunshine is not very plentiful, our ordinary food tends to lack certain vitamin ingredients necessary for proper health and growth, but which ingredients are abundantly present in cod-liver oil and certain other special foods or preparations. The plain oil is the best, and one teaspoonful a day will suffice, but one of the special preparations may be given in the amounts recommended by your Welfare Centre or Doctor.

This cod-liver oil supplement may be temporarily discontinued in very sunny weather, provided the child's skin is exposed to the sun freely. But note that cod-liver oil is no more "heating" than an amount equal of butter, or a little more sugar would be.

Children should be encouraged to drink plenty of water both at and between meal times.

VARIETY.

It is important to vary the diet as much as possible from day to day, in order to be sure that the child gets all the food ingredients necessary for health and growth. (*See specimen Daily Menu*).

With regard to the feeding of older children another leaflet is issued, entitled "Your Children's Food."

FEEDING FROM 6 TO 9 MONTHS OLD, INCLUDING MANNER OF WEANING.

IMPORTANT.

Every fresh addition to the diet should be begun cautiously in very small quantities. After introducing any new food, wait several days — a week is not too long — before starting another fresh food. Allow baby to get accustomed to new foods gradually. For example, after beginning the semi-solid foods at the 10 a.m. feed, wait a week before starting the additions recommended at the 2 p.m.

WATER.

Drinks of water should be offered several times a day between meals. This is important, particularly in hot weather.

BREAD.

When baby starts to take bread (either as crumbs with his mash or egg, or as very thin bread and butter), remember that wholemeal bread is best. Get baby on to wholemeal bread as early as possible, for it contains valuable and essential food ingredients that are absent in white bread.

MILK.

Pasteurised milk is safest. All other milk must be boiled and then rapidly cooled.

WEANING.

If baby is still breast-fed at 8 months' old, at this age drop one breast feed each week (beginning with one of the three middle feeds) and replace it with about 6-oz. (12 tablespoonfuls of pasteurised or boiled cow's milk. The early morning breast feed should be dropped last of all. Weaning should be completed by nine months.

Accustom baby to handling cup and spoon some weeks before beginning to wean. Let him have these utensils as toys at first.

" VEGETABLE MASH."

Always make a point of giving at least two vegetables, one of which can be potato. Any vegetables which will mash up well are suitable (*e.g.*, broccoli, cabbage, carrot, cauliflower, parsnip, peas and beans if skinned, potato, spinach, sprouts, swede, turnip). Stewed fruit may also be mashed in. Potato, as well as resembling the other vegetables in being a " Health " or " Protective " food, is one of the most valuable sources of the

SUGGESTIONS FOR A DAY'S DIET.

6—7 a.m.	10 a.m.	2 p.m.	6 p.m.	10 p.m.
<p>Breast, or about 6 oz. (12 tablespoonfuls) of pasteurized or boiled cow's milk; or of dried milk mixture (5 level measures to 6-oz. water, or according to instructions on the package).</p> <p>A little sugar, say half a teaspoonful, may be added to the milk feed, but is not really necessary for babies of this age, and should, if not already dropped, gradually be continued.</p>	<p>(1) Gruel or thin porridge made from fine oatmeal or wholemeal flour, or Patent "Groats," Barley or "Farex," or similar special cereal food. (Begin with one heaped teaspoonful of the dry food, mix with water and prepare as directed). At six months of age, begin giving a little yolk of egg (daily, if possible), either beaten up with this feed or mixed with the mash at 2 p.m. Add the white about a week after starting the yolk, and increase both until half-an-egg is being given at seven months.</p> <p>(2) Breast, or about 6-ozs. pasteurized or boiled cow's milk, or of dried milk mixture, as at first feed.</p>	<p>(1) "Vegetable Mash" (see directions), with or without "bone and vegetable broth," or red meat gravy. Begin with a very small quantity and increase the amount at intervals of a few days). After a week or two on mash, part of an egg can be beaten into the mash, if not already given at the 10 a.m. feed. At 9 months, finely-broken steamed or boiled fish or grated raw cheese should be mixed into the mash. (Begin cautiously with minute quantities).</p> <p>(2) Breast, or about 6-ozs. of pasteurized or boiled cow's milk, or of dried-milk mixture.</p> <p>(3) After about 8 months, a whole peeled apple may be given to gnaw at the end of the meal. When Baby has cleaned his gums on this, save it for the same purpose (after cutting off the brown outside), at 6 p.m. Do not give small pieces of apple which Baby may swallow whole.</p>	<p>(1) Breast, or about 6-oz. of pasteurized or boiled cow's milk; or of dried-milk mixture.</p> <p>(2) A rusk, or after 7½ months, very thin bread and honey, or bread and butter.</p> <p>(3) Some babies may need the gruel or thin porridge made as at 10 a.m., but this should be stopped as soon as he takes to the more solid food.</p> <p>(4) After 8 months, finish the meal with a gnaw at a whole raw apple, as at 2 p.m.</p>	<p>Same as 6 a.m.</p>

energy which active children need to expend. Cook the vegetables, remembering that all green vegetables must be cooked very quickly (therefore not steamed) and without soda if their most valuable ingredients are not to be destroyed, mash up with a fork, and add a very little butter and some meat gravy. A pinch of salt helps, while the flavour of some vegetables such as peas and carrots is brought out more when a pinch of sugar is added.

“ BONE AND VEGETABLE BROTH.”

This helps to give baby valuable minerals. It is, however, costly in fuel, owing to the long cooking needed. Take 1-lb. of bones (any sort, but chopped), remove any fat adhering, and simmer in $1\frac{1}{2}$ pints of water and 1 tablespoonful of malt vinegar for about 5 hours. Then add a handful of any finely chopped mixed vegetables (roots and greens) available, and now boil rapidly for 15 minutes, then strain off and cool at once.

Baked crusts of wholemeal bread make excellent homemade rusks. They are specially appetising if moistened with cocoa or malt extract, or a malt-flavoured food such as Ovaltine or Horlicks before being baked. Rusks should only be given at meal-times, not between.

IMPORTANT.

The cod-liver oil (one teaspoonful) or other substitute, also the orange or tomato juice, which baby has been brought up to take so far, must be continued daily. They are still necessary for best health and development.

ADVICE TO NURSING MOTHERS.

1.—*Eat plain, wholesome food*, with plenty of milk, cheese, green and root vegetables (raw as often as possible, or if cooked, boiled rapidly and without soda), wholemeal bread, and drink plenty of water — at least six glasses a day. Go to bed early, rest for at least half-an-hour after your main meal, on a couch or bed, and take a walk for half-an-hour in the fresh air every day.

2.—*Feed your baby at the following times :*

If 3-hourly : at 6 and 9 a.m., 12 noon, 3, 6, and 10 p.m.

If 4-hourly : at 6 and 10 a.m., 2, 6, and 10 p.m.

(When babies have reached 8 lb. weight, four-hourly feeding is usually best, but some babies do better on three-hourly feeds up to 10 lb.).

Feed only at these times, and not whenever baby cries.

Feed by the clock, and if baby is sleeping he must be wakened for his feed. If there is difficulty in getting him to

sleep all night, give the last feed later than 10 p.m., and the first earlier than 6 a.m., without altering the times of the other feeds.

3.—Use both breasts for every feed, 15 minutes from the first side, or until empty, and 5 minutes from the second side. Adjust according to the rate at which baby gets the milk, but always empty one breast before starting the other. Change the order each time.

4.—Wash the breasts thoroughly with soap and water night and morning. A clean breast cloth should be worn to keep the clothing dry and the nipples clean.

5.—Give baby your whole attention while feeding, and drink a glass of water yourself during the feed.

6.—Keep your bowels open daily. The common aperients taken by the mother do not affect the baby, but if you eat plenty of vegetables, salads, wholemeal bread, and some fruit, and drink plenty of water, you should not need any aperient.

7.—Get as much rest as you can. Lie down for a time each day, if possible, after your chief meal.

8.—Breast-fed babies do not suffer from constipation, but may have delayed motions. Baby may go several days without having a motion. If he seems comfortable and well, this does not matter, and nothing should be done about it.

9.—The return of the monthly periods is not a reason to give up breast feeding.

10.—Boiled water should be offered to Baby between feeds for thirst, particularly in hot weather. It may be flavoured with orange juice if desired.

11.—When baby is four or five weeks old and feeding has been well established, start to give a few drops of plain cod-liver oil. This should be gradually increased week by week until at the age of about 3 months baby is having one teaspoonful of the cod-liver oil daily.

In very sunny summer weather this extra food is less necessary, but it is better to continue with it, as if it is temporarily stopped there may be some difficulty in getting baby to take it again. Babies take to the oil with little difficulty when very young, but sometimes refuse it if it is not started till later. It may be given by itself in a spoon, or with orange juice.

Cod-liver oil helps normal health and growth, particularly in this climate with less sunshine than most countries. It prevents rickets, and helps to keep colds and bronchitis away. It also helps to build strong bones and teeth. In the rare instances when babies cannot take oil, ask the doctor or health visitor about substitutes.

12.—Orange or tomato juice should also be given daily after the first four or five weeks. This also helps to keep colds away and is necessary for other purposes. Begin with half-teaspoonful and work up to two tablespoonsful or more.

Concentrated orange juice is now supplied at dispersal centres throughout the District. In this case the instructions given on the bottles should be followed.

A strong substitute for the above is concentrated black-currant puree and rose-hip syrup. These alternatives should only be given after consultation with the doctor-in-attendance, or the health visitor.

ADVICE TO EXPECTANT MOTHERS.

These notes are written to help you to keep fit and healthy during the period of pregnancy, which should be one of the happiest experiences in a woman's life. Remember that pregnancy and childbirth are *normal* processes, so look forward with confidence and cheerfulness. The following advice, however, will help to make the process safer and more comfortable, while giving your baby the best possible start in life.

1.—Book your Midwife or Doctor *early*, as soon as you suspect that you may be pregnant. If you book a midwife, decide also which doctor you would like to conduct your antenatal examinations, and whom you would like your midwife to call in should she need help.

2.—*Ante-Natal Examinations.* Your midwife will carry out periodical examinations to satisfy herself and you that all is proceeding naturally. You should also be examined by your doctor or at the Ante-Natal Clinic, West Glamorgan County Hospital, Neath, if the confinement is to take place there.

The Ante-Natal Scheme of this Council provides for three free medical examinations by the doctor of your choice. One of these should be as early as possible in pregnancy, and the others as your doctor advises.

If you should notice any of the following signs, go to bed and tell your midwife or doctor at once; bad headache or giddiness, peculiar behaviour of the eyes or dimness of vision and swelling of the feet or face.

It is particularly important that your "blood pressure" be measured and your water tested regularly. It is also wise to get weighed regularly and to report any sudden increase in weight.

Ante-natal examinations are important for two reasons:

(a) They give opportunity for special advice about the sort of food to eat, the amount of rest you need, and any particular attention (such as dental treatment) required to promote your comfort and health before the confinement.

(b) They enable the earliest warning signs of any change from the normal to be detected before you yourself could

notice anything wrong, so enabling appropriate action to be taken in advance to check the development of trouble.

3.—*Dental Examination.* As early as possible in pregnancy you should be examined by a dentist, to enable your gums and teeth to be put into the best possible condition before the confinement. This is very important and it can be arranged through your local welfare centre.

If you eat the right sort of food, and arrange your meals so that the last food eaten is a "cleansing food," this will help to keep your gums and teeth healthy. Hard and "chewy" foods are good for the teeth, and the hard fruits such as apple, raw carrot or cauliflower, and even a crust of wholemeal bread are mouth-cleansing foods. Avoid finishing a meal with sweet starchy food especially sweet biscuit, which clings to the teeth and helps to cause decay. Teeth should also be cleaned with a toothbrush and toothpaste after eating the last food of the day.

4.—*Diet.* For the sake of your baby even more than yourself, the food you eat is of paramount importance. Expectant mothers need much more of the "protective" and "body-building" (for the baby) foods than do other women. Eat much fruit fresh, canned or dried, and green vegetables especially raw, as salads. If green vegetables are cooked, they must be cooked very quickly with little water and no soda. Consume carrots, peas and beans (fresh, dried or canned), lentils, and above all, as much milk and cheese as you can afford. You should aim at a quart of milk a day, but some of this should be in your cooked food (milk soups, custards, etc.).

Advantage should be taken of the concentrated orange juice and other vitamin preparations which are now provided by the Ministry of Food and distributed by the Public Health Department through dispersal points in the District.

Remember, you should get a pint of milk a day through the Government Scheme, either for 2d., or, under certain circumstances, free of all cost. "Pasteurised" and "Tuberculin-Tested" milks are the safest kinds.

Oatmeal is also good, and expectant mothers should always eat the more nutritious wholemeal bread, and plenty of it, instead of white bread.

Butcher's meat should be taken sparingly, especially during the last two months. The meat should be largely replaced by cheese, fish, eggs, and milk dishes, although if you feel in perfect health and your blood pressure and water tests are satisfactory, there will be no harm in eating meat two or three times a week.

In the last two months of pregnancy common salt should be avoided as much as possible.

It is advisable to take two or three teaspoonsful of plain cod-liver oil daily; but if you cannot, consult your doctor,

midwife or health visitor, who will advise you about the "next best thing" to take.

Drink plenty of water, especially between meals. Aim at five or six pints of liquid a day.

5.—*Clothing.* Wear the minimum of clothing consistent with warmth. Expose as much of your skin as often as possible to the sun, though take precaution to avoid sunburn. Avoid all tightness around the limbs, especially garters, which tend to produce varicose veins. The support afforded by a suitable corset and brassiere will, however, often be found of great comfort.

6.—*Exercise.* It is most important to take a daily walk of at least half-an-hour in the open air. You have to go into training for a physical effort in which you will need stamina. Get into the best possible condition, therefore, by eating the right sort of food and taking regular light exercise.

7.—*Rest.* This, too, is essential. Go to bed early and sleep with the windows wide open. Rest for at least half-an-hour after the main meal of the day. Always stop work and rest awhile if you feel fatigued.

8.—Breasts should be supported and washed daily. The nipples should be gently rubbed with a nail brush and, if insufficiently prominent, pulled out daily. The nipples may be rubbed occasionally with lanoline, but do not harden with spirits. Attention to the breasts is important, as every effort should be made to breast-feed every baby.

9.—*The Bowels.* It is of paramount importance that the bowels should work at least once a day. If you eat the right sort of food (especially plenty of vegetables, wholemeal bread, porridge, and fruit) and drink plenty of water, you should not need to take anything special. If, in spite of this, you are still irregular, use a simple laxative, such as bran, liquid paraffin, or senna-pod infusion. Avoid strong purgatives, and note that strong tea is in the long run constipating.

10.—*The Room.* If you are to be confined at home, see that all preparations are made and materials obtained at least a month beforehand.

Choose your lightest and airiest bedroom, and remove from it every bit of unnecessary furniture, carpet, etc., and all pictures. See that it has a thorough "spring clean" about a week before the expected confinement, and is kept spotlessly clean afterwards. The bed should be a single one, with a firm flat mattress. Windows should be kept widely open, night and day.

AFTER THE BIRTH.

MEDICAL EXAMINATION.

Your midwife and/or doctor will continue to attend you for about ten to fourteen days, after which your Health Visitor takes over. It is of great importance, however, that you have at least one "post-natal" medical examination to find out whether there is any small internal injury which has not quite healed, and which should be treated in order to prevent more serious trouble later, also to ensure that the womb has re-assumed its correct size and position. Your doctor should make this "post-natal" examination about six weeks after the birth. An earlier medical post-natal examination at about two weeks is also desirable, but not as necessary as the one at six weeks.

YOUR HEALTH VISITOR.

She is your helper and advisor in all matters concerning your own and your baby's well-being, both during pregnancy and afterwards, from the day your midwife or doctor ceases to attend you. She will in particular advise you concerning the feeding of your baby; breast for preference, but otherwise "artificial" feeding. You should not change baby's feeding, especially off the breast, without first consulting your Health Visitor or doctor. The Health Visitor will try to keep you and your family in the best possible health. She may treat feeding difficulties and "minor ailments" with ordinary household remedies, but she is not supposed to treat illness, for which, if it should develop, she will advise you to call in your doctor.

THE WELFARE CENTRE.

You should attend this Centre regularly, where the Health Visitor's home advice and supervision are supplemented by those of a Medical Officer. At the Centre baby will be weighed and regularly seen by the Medical Officer, who will give you advice as to the general care of baby in the weeks following each of your interviews with him.

Like the Health Visitor, the Medical Officer advises about feeding and will suggest treatment for very minor ailments, but his job is to try to prevent rather than to cure, so if illness ever occurs, he will advise you to consult your own doctor. The Centre is not, therefore, a "Clinic."

The Centre also allows interesting and valuable exchanges of opinion with other mothers over a cup of tea, and enables "toddlers" to meet and play with others and form the friendships and social contacts which lay the psychological foundations of future good citizenship.

MINISTRY OF FOOD NATIONAL DRIED MILK. FULL CREAM DRIED MILK.

National Dried Milk is a full cream powder, manufactured by the roller process, of a standard density and granulation. It has a standard fat content of not less than 26% and has no added ingredients. The caloric value is about 18 to 19 calories per fluid ounce of reconstituted milk.

One 20 ounce tin of National Dried Milk (free or at 1/2 per tin) may be issued each week to a beneficiary under the National Milk Scheme, for feeding to an infant not more than two years old.

Additional supplies of National Dried Milk (at 1/2 per tin) may be issued to a beneficiary in quantities not exceeding :

For an infant between approximately :

1 and 4 months old	1 tin per fortnight.
4 " 8 " "	1 " " week.
8 " 10 " "	1 " " fortnight.
10 " 12 " "	1 " " four weeks.

FEEDING TABLE FOR NORMAL BABIES OF AVERAGE WEIGHT.

<i>Age in Months</i>	<i>Approx. Weight in lbs.</i>	<i>No. of Feeds in 24 Hours</i>	<i>Dried Milk (Level Measure)</i>	<i>Sugar (Level Teaspoon)</i>	<i>Water (Ounces)</i>	<i>ed Drik Mils Tine Per Week</i>
1	8½	or 5	3	1½	4	¾
2	10½	6	2½	1½	3½	¾
3	12	5	4	1½	5	1
4	13½	5	5	1½	6	1¼
5	15	5	5½	1½	6½	Nearly 1½
6	16	5	6½	1½	7½	Over 1½
			7	1½	8	1¾

1 level measure = 2 level teaspoonfuls.

To avoid mistakes in feeding, babies should be weighed at regular intervals.

The above table will not give the feed suitable for every baby ; therefore the mother should consult her own doctor or Welfare Centre, particularly in the case of premature babies and those who are not thriving. Medical advice must be sought if artificial feeding is needed during the first months of life. Some solid food should be gradually introduced into the diet at or before the sixth month.

METHOD OF MEASURING FEEDS.

Dried Milk should be measured with the scoop provided. The powder should be ladled into the scoop with a spoon and levelled off without compressing it. Check the amount the baby is having by the total amount used in each week (see last column of feeding table).

Sugar should be measured with a medium size teaspoon, which should be levelled off.

Water should be measured either with a graduated measure or according to the marks on the feeding bottle. Two tablespoonfuls of water equal about one ounce.

Each feed should be mixed just before use. Mix the milk powder and sugar with a little hot boiled water in a cup. Pour into a feeding bottle and add more of the water to the required ounce mark on the bottle. If the feeding bottle is not marked, use a graduated measure.

SECTION C.—SANITARY CIRCUMSTANCES OF THE AREA.

The Cray Reservoir supplies the bulk of the water consumed in the District but this main source is supplemented by tanks and springs maintained throughout the Rural District.

The water from all sources is such as to give a constant supply and is satisfactory as to quantity and quality.

A survey of the water supplies maintained by the Council has been made and the information gathered is given in the schedule which will be found in this section of this Report.

Where any suspicion of contamination occurred or where the possibility of plumbo-solvent action appeared a report was made to the Surveyor in order that he may take suitable action.

Pollution of Rivers and Streams.

In the course of the year visits were paid to industrial concerns by a Sub-Committee of the Council, together with the appropriate officers to investigate possible sources of pollution to rivers and streams.

During these inspections suggestions were made to the managements of the various undertakings which were thought would improve the nature of the effluent discharged to the District's rivers and streams, and where advantage was taken of these suggestions improvements were effected.

Investigation was made into the pollution of the atmosphere by colliery dust extraction plants. In one case a cyclonic extraction fan and steam settling chamber were installed on the suggestion of the Committee. These measures proved successful and eliminated the nuisance which until then existed locally.

Eradication of Bed Bugs.

(a) Disinfestation :

Number of (1) Council Houses	(1) Infested	7
	(2) Disinfested	7
Number of (2) Other Houses . .	(1) Infested	28
	(2) Disinfested	28

(b) Method employed for disinfecting houses.

Woodwork and paper were stripped from walls, which were then sprayed with insecticide. Articles of furniture were also treated when necessary.

During the year the new contact insecticide DDT/GEIGY became available for civilian use. Bulk supplies of liquid and powder were procured and were found to be very effective.

Housing Survey.

The Hobhouse Report on Rural Housing recommended that a survey be made of the dwelling houses in all rural districts and that they be subsequently classified according to their structure and state of repair. The recommendation was accepted by the Ministry of Health and as a consequence of instructions received a survey was commenced in this area during 1945. Details of progress made to the end of the year are given in the Senior Sanitary Inspector's section of this Report.

Extension of Sewage Schemes.

The extension of the sewage systems, where this has not already been done, to villages adjoining the main centres of population in the District should now be of primary concern to this Authority. Every effort should be made to overcome the delay caused by the lack of development during the war years. A situation where the continued use of pails and night-soil vehicles is necessary, thereby proving but a poor substitute for this essential service, cannot be too strongly deprecated.

SURVEY OF DISTRICT WATER SUPPLIES

No.	6 $\frac{1}{2}$ Map Ref.	Name	S—spring T—tank L—level R—reservoir	Any Special Treat- ment	CHEMICAL ANALYSIS				BACT. ANAL.	REMARKS CAPACITY	REMARKS
					Hard- ness	Chlor- ides	Re- action	Metals			
C1	7	CILYBEBYLL. Nantnarl	..	—	3-4	1-0	7-7	—	Sat.	—	Moorland Water. Peaty Soil.
C2	15	Wigfa	..	—	4-6	1-2	6-6	—	Sat.	2,200	Upland Water supplied from C9.
C3	15	Tynyrheol	..	—	4-6	1-2	6-6	—	Sat.	500	Upland Water supplied from C9.
C4	15	Brynllewellyn	..	Hypo Chlor.	5-2	1-1	6-4	—	Sat.	150,000	Takes C6, C7, C8.
C5	14	Plas-y-Waun	..	Hypo	2-4	1-4	6-2	—	Sat.	25,000	Takes C6, C7, C8.
C6	15	March-y-Waun	..	—	1-6	1-1	6-4	—	Sat.	—	Coal Measure Level constant supply stored C4, C5.
C7	15	Pentrehaiarn	..	—	11-6	1-0	7-0	—	F. Sat.	—	Coal Measure Level, stored C4, C5
C8	15	Ffynnon Grech	..	—	17-2	—	7-1	Pb	Sat.	—	Lead 0-08/100,000 stored C4, C5
C9	15	Hendre Caradoc	{S T}	—	2-2	1-0	5-6	—	Sat.	1,500	Flows to C3 and C2.
L2	10	LLANGUICKE.	..	—	13-6	1-1	6-8	—	Sat.	10,500	Level Coal Measures.
L3	11	Cwmnantddu	..	—	11-6	1-2	7-0	—	Sat.	500	Stores L3 A and L3 B.
L3 A	11	Pentwyn	{T L}	—	15-2	1-0	7-0	Fe	Sat.	3,000	Top Level. Water to be treated with B.I.R.M.
L3 B	11	Pentwyn	{S T}	—	4-6	0-9	7-0	—	Sat.	—	Bottom Spring—Coal Measures.
L4	11	School	{S T}	—	12-8	1-0	6-8	—	F. Sat.	2,000	Coal Measures.
L5	11	Llygad-y-Ffynnon	{S T}	Hypo Chlor.	3-8	1-3	7-2	—	Sat.	27,000	Coal Measures
L6	11	Graig Road, Godregraig	{S T} S	—	11-6	1-1	7-6	Fe	Sat.	—	Pistyll from mountain. Private supply 12 houses Graig Road.
L7	11	Burchell Row	S	—	6-6	1-1	6-8	—	Doubt.	—	Supplies 15 houses. Very poor private supply.
L8	3	Ystradowen	S	—	6-4	0-9	6-2	—	Sat.	—	Outside area, owned by Cwmtyrch joint Committee, supplies 6 houses.
L10	6	Coedffaldau	{S T}	Hypo Chlor.	3-8	1-0	7-2	—	Mod.	—	Coal Measures, Shale free from Iron.
L11	6	Castle Square	T	—	7-0	0-8	6-2	Fe	Mod.	No. 1.5,000 No. 2.50,000	Coal Measures. Receives water from two springs Penrhiwfaur.
L12	6	Dderi	{S T}	—	—	—	—	—	—	4,400	Coal Measures, fairly hard.
L13	2	Bryn	{S T}	Chloro Clock	18-0	1-1	7-2	—	Doubt.	No. 1.50,000 No. 2.40,000	Very soft, passed over lime stone chippings to harden. Plumbic Solvent.

L14	6	Penhow ..	T	—	—	—	—	—	—	60,000	Storage Tank to supply high districts during shortage at L13. (Pumped from Cray). Mountain Spring.
L15	6	Llwynrhidian ..	{ S T }	10.6	0.9	7.4	—	—	—	4,650	
M2	12	Mawr.	—	—	—	—	—	—	—	—	
M3	8	Velindre ..	Chlor.	—	—	—	—	—	—	—	Swansea Corporation Supply.
M4	8	School Garnswilt	—	—	—	—	—	—	—	5,000	Tank taking M4 and M5.
M5	8	Hendre Fawr ..	—	2.4	1.4	6.2	—	—	—	—	Mountain Spring.
M6	8	Blaenffynnonau	—	0.8	1.7	6.7	—	—	—	—	Very soft, mountain spring.
M8	8	Cwmcerddin ..	—	5.5	2.0	6.8	—	—	—	—	Mountain spring, local supply 4 houses.
	—	Blaennantddu ..	Chlor.	1.0	1.1	6.6	Trace Fe	—	—	—	Swansea Corporation Supply.
R1	14	RHYNDWYCLYDACH	—	—	—	—	—	—	—	—	
R2	14	Glynmeirch ..	—	5.4	1.2	5.6	Fe	F. Sat.	—	2,000	Oxide of Iron in large amounts.
R3	14	Penygraig ..	—	—	—	—	—	—	—	—	Spring not in use at present.
R4	14	Bungalow ..	—	6.0	1.2	6.4	Fe	Sat.	—	30,000	Stores Cray Water.
R5	14	Marie Powell ..	Hypo Chlor.	32.0	1.1	4.5	Pb	Sat.	—	30,000	Coal Measures.
R6	13	Penybanc ..	H. Chlor.	3.0	1.2	6.0	—	—	—	30,000	Lead 0.12, 100,000 Hard.
R7	13	Cefneithrym ..	Chloro clock	1.5	—	6.2	—	—	—	No. 1. 33,000 No. 2. 45,000	Stores R9 and R10.
R8	13	Allyfanog ..	—	16.0	1.7	6.2	—	—	—	40,000	Storage Tank for R7
R9	13	Rock & Fountain	—	—	—	7.0	—	—	—	—	Mountain Spring to R6.
R10	13	Cefn Parc ..	—	1.6	1.3	6.0	—	—	—	450	Mountain Spring comes out below main road, supplies R5.
R11	13	Ffynnon Las ..	—	2.2	1.2	5.6	—	—	—	—	Mountain Spring.
R12	13	Rhydygwin ..	—	2.4	1.4	5.4	—	—	—	4,500	R9, R10, stored at R5.
R13	13	Lluest ..	—	—	—	—	—	—	—	550	Supplies locality of Rhydygwin only.
	—	Banceffynnon ..	Neutraliser	4.6	1.3	5.8	—	—	—	5,000	Due to acidity and plumbo solvency neutraliser now in use.
Y1	14	Ynysmond.	—	4.6	1.3	5.8	—	—	—	—	Collecting chamber, five houses supplied.
	18	Wernddu ..	—	7.2	2.2	6.3	—	—	—	—	Mountain Spring. Small collecting tank supplying a few local houses.

SECTION D.—HOUSING.

Houses in the several population centres of the District were inspected for sanitary defects and overcrowding. Details of these inspections and the actions taken will be found in the Sanitary Inspector's Section of this Report.

The question of the proper housing of the District's population continues to be one of the major problems of the Public Health Department.

The inspections have shown that there is considerable work to be done under the Housing Acts. The existing factors of war difficulties and lack of new buildings, have combined to produce circumstances that demand your Council's attention at the earliest possible date. The practical and speedy solution of this problem which, as is well known, strikes at the very heart of good health and environmental hygiene can only be achieved by a bold programme, one of the primary points of which would be a further increase in the inspectorate.

In a Report on the Management of Municipal Housing Estates submitted in 1938, the Minister of Health took occasion to stress particularly the following points :

In letting their houses local authorities should keep to the fore the objective of better housing for those whose needs are greatest.

In 1945 the Sub-Committee again recommended that a points system should be used as a sieve for sorting applications into priority groups and the final order within the priority group should be determined on merits after investigation of the full circumstances of the individual families.

A modified points system was adopted by the Pontardawe Council a copy of which follows.

Housing Applications.

Since taking over the applications for vacant council houses they have been placed in wards and street order. After dispensing with duplicates and very old applications the total remaining was 1,138. These were distributed as follows :

Allytgrug and Godrergraig	..	264
Rhyndwyclydach and Mawr	..	331
Caegurwen and Cwmllynfell	..	229
Blaenegel and Gellionen	..	219
Cilybebyll and Ynisymond	..	195
TOTAL..	..	1,138

Despite the weeding out mentioned above it was found when calls were made for inspections that circumstances had changed in many homes since the applications were made, and there had even been changes of address. Experience also showed that the old Application Form was not entirely suitable for our new scheme for allocating houses.

In view of these facts, your approval was obtained to re-design the application forms and new applications were called for from all people desiring to be considered for Council house vacancies. This decision was advertised in the local press and particulars given of how new forms could be obtained.

Members co-operated by accepting a supply of application forms for distribution to people making inquiries at their homes and who at that time had not submitted an application.

New applications are now coming in at a considerable rate and under the new arrangements more still are to be expected, therefore the total given above can only be considered provisional.

METHOD FOR THE ALLOCATION OF VACANT COUNCIL HOUSES.

1	2	3	4	5	6	7
<i>Tuberculosis or Other Qual. Illness</i>	<i>Unfit Houses</i>	<i>Over-Crowding</i>	<i>Length of Tenancy</i>	<i>Other Special Consideration</i>	<i>Permanent Res.</i>	<i>Non-Permanent Res.</i>
50	40	30	20	10	+20	—20

Explanatory Notes given in the same sequence as numbered above :

- (1) These marks will vary with the infectivity of the patient or the degree of disability.
- (2) Houses which in their present state are unfit for habitation (reconditioned or condemned). Particulars to be supplied by Sanitary Inspector.
- (3) Families who are living in seriously overcrowded conditions or have insufficient bedroom accommodation to permit of proper segregation of sexes. Overcrowding to be considered 5 marks for every unit overcrowded.
- (4) Two marks for each year of tenancy with a maximum of 10 years.
- (5) This is to depend on the information that can be given by Local Members.

SECTION E.—INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

The farms situated in the District and registered for the purpose of producing milk number 221.

In addition to this figure we had 23 producers and retailers whose premises were outside but retailing milk in the District, and another 27 were registered as milk retailers.

Total number of registrations for producing and retailing milk, 279.

Milk Samples.

The results of the milk samples examined at the Cardiff Laboratory and those collected and examined by Officials of the Ministry of Agriculture at their Area Laboratory in Swansea are shown in the manner given below in order that they may be better appreciated.

<i>Group</i>	<i>No. Taken</i>	<i>No. Unsatis- factory</i>	<i>No. Satis- factory</i>	<i>% Satis- factory</i>
Total taken — all Classes	811	148	662	81.6
City and County Laboratory, Cardiff, Bacteriological Examination ..	41	20	21	51.1
Samples taken by Ministry of Agri- culture Officials and tested at Swansea Area Laboratory : Resazurin Test	770	129	641	83.2

Two of the milk samples taken were found to be positive for tubercle bacilli. When these results were received we were also notified that appropriate action was being taken by the Ministry of Agriculture's Veterinary Service.

Where other unsatisfactory results were received the producers and retailers were informed and visits made to the various premises when instructions were issued on the added precautions necessary in order to improve their respective supplies. Subsequent visits were also paid to ascertain if advantage had been taken of the advice given. It was found that generally the persons concerned had responded well.

The figures for the milk sampling done at the Swansea Laboratory were supplied by Officers of the Ministry of Agriculture. It is therefore desired to thank them and to express appreciation for the co-operation they have always been willing to extend.

Food and Drugs Act, 1938.

Superintendent C. Pugh, of the Gower Police Division, whom it is desired to thank, has kindly supplied the following particulars of samples taken under the Act mentioned above during the year 1945.

New Milk	..	34	Butter	..	5	Creamola	..	1
Margarine	..	4	Lard	..	2	Scone Mixture		1
Curry Powder		1	Coffee	..	1	.		

These samples were collected in the main centres of population and of the 49 samples taken 45 were certified by the Public Analyst as genuine.

Two samples butter and one of margarine were found to contain an excess of water. Proceedings were instituted against the vendors and conviction obtained.

SECTION F.—PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

List of Notifiable Diseases, excluding T.B., during the Year 1945.

	<i>Total</i>	<i>Cly- dach</i>	<i>Pontar- dawe</i>	<i>Ystaly- fera</i>	<i>G.C.G.</i>	<i>Cases of Listed Diseases Admitted to Hospital</i>
Whooping Cough	85	10	56	19	—	
Cerebro-Spinal Fever ..	6	2	1	2	1	6 + 5 obs.
Pneumonia ..	23	—	14	8	1	2
Puer. Pyrexia ..	3	—	—	2	1	3
Diphtheria ..	51	10	30	10	1	50 + 24 obs.
Scarlet Fever ..	70	20	31	13	6	50 + 5 obs.
Erysipelas ..	3	1	1	1	—	—
Measles ..	373	72	125	97	79	—
Ophthalmia Neonatorum	1	—	—	—	1	1
	615	115	258	152	90	146

NOTIFICATION OF INFECTIOUS DISEASE FOR EACH MONTH, 1945.

	<i>Jan.</i>	<i>Feb.</i>	<i>Mar</i>	<i>Apl.</i>	<i>May</i>	<i>Jun.</i>	<i>July</i>	<i>Aug.</i>	<i>Sep.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Ttl.</i>
Scarlet Fever	7	11	14	5	7	5	2	1	4	8	3	3	70
Diphtheria	6	2	—	2	5	1	5	5	8	2	9	6	51
Measles ..	1	18	57	63	170	35	19	9	—	1	—	—	373
Pneumonia	—	9	4	2	—	2	—	—	—	1	4	1	23
Cerebro-Spinal Fever ..	—	—	—	1	1	—	2	—	—	1	1	—	6
Pulmonary T.B. ..	2	2	5	3	4	2	4	1	5	4	4	6	42
Non-Pulmonary	—	1	—	3	—	3	—	1	—	1	1	—	10
Whooping Cough	41	31	6	1	—	—	—	—	—	2	4	—	85
Erysipelas	—	1	—	—	2	—	—	—	—	—	—	—	3
Puerperal Pyrexia	1	—	—	—	—	—	1	—	1	—	—	—	3
Ophthalmia Neon. ..	—	1	—	—	—	—	—	—	—	—	—	—	1

Cerebro-Spinal Fever.

In 1945 there were six case notified with no deaths. The cases were evenly distributed throughout the district.

The various sulphonamide derivatives have revolutionised treatment and improved prognosis.

It has been noted that the incidence of Cerebro-Spinal Fever increases during war time due to greater movements of people, the overcrowding of towns, etc. This is well demonstrated in our district, in 1938-1939 there were no cases, but in 1940, 41, 42, there were 4, 4, 3, deaths reported.

<i>Year</i>	<i>Clydach</i>	<i>Pontardawe</i>	<i>Ystalyfera</i>	<i>G.C.G.</i>	<i>Admitted to Hosp.</i>	<i>Total</i>	<i>Deaths</i>
1938	—	—	—	—	—	—	—
1939	—	—	1	1	1	2	—
1940	4	—	9	4	13	17	4
1941	1	16	7	11	28	35	4
1942	8	6	4	8	26	26	3
1943	2	8	2	10	22	22	2
1944	—	3	—	2	5	5	—
1945	2	1	2	1	2	6	—
TOTAL	17	34	25	37	97	113	13

Measles.

Epidemics occur at two-yearly intervals ; they commence in the autumn but in recent years they have tended to lag in their advance until the end of the year. During the year, 373 cases were notified, largest number being in Pontardawe, Ystalyfera coming next.

The number of deaths was 1.

MEASLES CASES NOTIFIED SINCE 1938.

<i>Year</i>	<i>Total</i>	<i>Clydach</i>	<i>Pontar-dawe</i>	<i>Ystaly-fera</i>	<i>Gwauncaegurwen</i>	<i>Deaths</i>
1938	—	—	—	—	—	Cases not notified.
1939	—	—	—	—	—	
1940	482	240	188	33	21	3
1941	443	40	29	174	200	—
1942	15	3	10	2	—	—
1943	635	164	338	127	6	—
1944	13	3	10	—	—	—
1945	373	72	125	97	79	1
	1961	522	700	433	306	4

Scarlet Fever.

<i>Year</i>	<i>Clydach</i>	<i>Pontar-dawe</i>	<i>Ystaly-fera</i>	<i>Gwauncaegurwen</i>	<i>Admitted to Hosp.</i>	<i>Total</i>	<i>Deaths</i>
1938	104	34	13	34	130	185	—
1939	133	66	19	25	130	243	1
1940	52	16	13	7	72	88	—
1941	16	10	12	9	36	47	—
1942	10	22	10	11	42	53	—
1943	60	40	40	6	85	146	—
1944	69	63	34	14	105	180	—
1945	20	31	13	6	50	70	1
TOTAL	464	282	154	112	650	1012	2

Scarlet Fever has become such a mild disease, and in a review of the cases of both Measles and Scarlet Fever which I have seen in your district, I believe that beds at present reserved for Scarlet Fever should be utilised for the nursing of bad cases of Measles, probably the direct mortality and complications from Measles would become less, the careful nursing, regulated temperature and good ventilation of a well managed hospital would undoubtedly diminish many of its serious after effects.

Scabies Treatment.

The clinic for the purpose of treating persons suffering from Scabies now operates at Ynisderw House, Pontardawe. It became necessary to remove this clinic from the Old Brewery, as these premises were being taken over by a local industrial firm.

Cases continue to be treated by the nurse-in-charge upon receipt of certificates from General Practitioners, or in the case of a school child, after a notice of exclusion from school has been received from the Education Authority.

The number treated during the year was 157.

LIST OF SCARLET FEVER CASES NOTIFIED DURING 1945.

<i>Age Groups</i>	<i>Total</i>	<i>Sex</i>	<i>Clydach</i>	<i>Pontardawe</i>	<i>Ystalyfera</i>	<i>Gwauncaegurwen</i>
0— 1 ..	—	M	—	—	—	—
		F	—	—	—	—
1— 2 ..	3	M	—	—	—	—
		F	2	1	—	—
2— 3 ..	2	M	—	—	1	—
		F	—	—	1	—
3— 4 ..	5	M	—	2	1	—
		F	—	2	—	—
4— 5 ..	8	M	1	1	1	—
		F	1	2	2	—
5—10 ..	31	M	6	3	1	2
		F	4	10	3	2
10—15 ..	13	M	1	1	1	—
		F	3	6	1	—
15—25 ..	7	M	—	3	—	1
		F	2	—	—	1
25—35 ..	—	M	—	—	—	—
		F	—	—	—	—
35—65 ..	1	M	—	—	—	—
		F	—	—	1	—
65 and over	—	M	—	—	—	—
		F	—	—	—	—
TOTALS	70		20	31	13	6

Males	..	..	..	26
Females	..	..	..	44
				70

The notified cases of Scarlet Fever in 1945 were 70 as compared with 180 in 1944. The majority of cases occurred in Pontardawe. Gwauncaegurwen was remarkably free. The outbreak was of a mild type, being both a rash and sore throat. As regards sex, there were twice as many females as males.

**TABLE SHOWING INCIDENCE OF DIPHTHERIA
SINCE 1938.**

<i>Year</i>	<i>Total</i>	<i>Clydach</i>	<i>Pontar- dawe</i>	<i>Ystaly- fera</i>	<i>Gwauncaegurwen</i>	<i>Deaths</i>
1938	94	9	10	14	61	6
1939	87	51	26	9	1	2
1940	29	12	14	3	—	1
1941	53	16	28	5	4	4
1942	76	8	30	34	4	5
1943	73	12	28	25	8	2
1944	65	19	21	25	—	4
1945	51	10	30	10	1	—

As will be seen from the above table no deaths from Diphtheria occurred in the area during 1945. During this year we were fortunate that the Diphtheria cases occurring in our area were of a mild type. A glance at the table given above shows that the Gwauncaegurwen area has only had few cases since the severe outbreak in 1938 following which there was a great response to our immunisation campaign.

**LIST OF DIPHTHERIA CASES NOTIFIED DURING
1945.**

<i>Age Groups</i>	<i>Total</i>	<i>Sex</i>	<i>Clydach</i>	<i>Pontar- dawe</i>	<i>Ystaly- fera</i>	<i>G.C.G.</i>	<i>Admitted to Hosp.</i>	<i>Deaths</i>
0— 1	4	M	—	1	1	—	2	—
		F	—	1	1	—	2	—
1— 2	2	M	1	—	—	—	1	—
		F	—	—	—	1	1	—
2— 3	3	M	—	1	—	—	1	—
		F	1	1	—	—	2	—
3— 4	1	M	1	—	—	—	1	—
		F	—	—	—	—	—	—
4— 5	2	M	1	1	—	—	2	—
		F	—	—	—	—	—	—
5—10	10	M	1	4	—	—	4	—
		F	1	3	1	—	5	—
10—15	14	M	2	5	2	—	9	—
		F	1	3	1	—	5	—
15—25	10	M	1	2	2	—	5	—
		F	—	4	1	—	5	—
25—35	4	M	—	2	1	—	3	—
		F	—	1	—	—	1	—
35—65	1	M	—	—	—	—	—	—
		F	—	1	—	—	1	—
65 & over	—	M	—	—	—	—	—	—
		F	—	—	—	—	—	—
	51		10	30	10	1	50	—

Males 29

Females 22

51

CANCER.

The most unfavourable feature in the public health of the present century is the rapid rise in the mortality from Cancer. If the returns are examined critically it will be seen, however, that they do not suggest that the disease is increasing to any extent, if at all, but that certain of our organs in certain sections of our community may have become more vulnerable to it. Further, it is highly significant that cancers of those sites where diagnosis never has presented any difficulty have diminished in incidence.

Where diagnosis is easy, treatment is increasingly satisfactory, the natural fatality of 99.9% is reduced very greatly, so the mortality from obvious Cancer has fallen.

Research into the causation of Cancer has given so far little help in the prevention of malignant disease, and it does not seem likely that anything startling will come to our help, for the most promising lines of investigation suggest causes which are beyond our direct control, so the campaign against Cancer is mainly devoted to reducing its fatality by timely treatment. To what extent and in which direction it is feasible for the public health service to take a hand in the Campaign, we cannot yet say, though there are certain ways in which obviously it can be useful. Early recognition being the basis of everything we can do for sufferers from Cancer, and since in Cancer more than in any other disease the first step in recognition must be voluntary action by the patient, education should be helpful. This is far from easy, for apart from real risk of instilling fear which is inhibitory to education, it is particularly difficult to make people realize that the beginning of the most painful and disturbing of all maladies is quite insignificant and temporarily harmless.

By far the most important malignant growths are Cancers of the stomach and of the large intestine, for these cause three-fifths of the mortality.

Periodical medical inspection, unless carried to a state of refinement which is unpracticable, would not reveal Cancer which is not apparent to the examinee, though it would enable a correct diagnosis of a known lesion to be made. But unless the inspection were compulsory we should not get those to submit to it who refrain from seeking the explanation of an abnormality they have themselves detected.

Treatment is not within our province, but the supply of facilities for treatment is our work. Machinery for treating Cancer is fairly abundant, but it wants adjustment to overcome delay between recognition of growths and their appropriate treatment. The apparently trivial nature of malignant growths

at the stage when they should be recognised, and the apparent severity to the patient of the treatment required make it essential that there should be no delay between his reluctant consent to submit to treatment and its exhibition.

A person who is sick or uncomfortable seeks treatment and is impatient of any hindrance to his obtaining it, but early Cancer is not irksome, so consent to treatment may be for some convenient time, which in practice means when the growth renders life intolerable and the chance of a good result is lost.

CANCER DEATHS.

FIVE MAIN SITES.

	1938	1939	1940	1941	1942	1943	1944	1945	Total
RECTUM.									
Clydach	1	3	2	1	2	2	1	2	13
Pontardawe ..	—	2	2	2	1	—	1	1	9
Ystalyfera ..	3	1	3	—	—	1	2	—	10
Gwauncaegurwen	2	—	1	1	1	—	—	1	6
STOMACH.									
Clydach	—	6	2	1	—	1	2	3	15
Pontardawe ..	5	3	6	1	4	4	5	3	31
Ystalyfera ..	1	1	3	4	1	4	1	2	17
Gwauncaegurwen	4	2	4	1	1	—	4	3	19
LUNGS.									
Clydach	2	4	7	2	4	5	4	2	30
Pontardawe ..	—	—	1	—	—	2	2	2	7
Ystalyfera ..	1	—	—	1	—	1	—	3	6
Gwauncaegurwen	—	1	1	—	2	—	1	—	5
EAR, NOSE & THROAT.									
Clydach	2	4	3	2	—	6	3	1	21
Pontardawe ..	1	1	—	2	2	1	—	1	8
Ystalyfera ..	—	—	—	—	2	3	1	—	6
Gwauncaegurwen	—	1	1	—	—	1	—	1	4
BREAST.									
Clydach	—	1	2	2	—	1	—	2	8
Pontardawe ..	1	—	1	3	3	1	—	1	10
Ystalyfera ..	—	2	—	2	—	—	2	1	7
Gwauncaegurwen	—	—	—	1	2	—	—	1	4

CANCER DEATHS.

<i>Total</i>	<i>Site</i>	<i>Sex</i>	<i>Age Groups</i>			<i>Clydach</i>	<i>Pontardawe</i>	<i>Ystalyfera</i>	<i>G.C.G.</i>
			<i>22—45</i>	<i>45—65</i>	<i>65—</i>				
7 4	Carcinoma of Stomach	M F	1 —	3 1	3 3	2 1	1 2	2 —	2 1
1 2	Carcinoma of Pancreas	M F	— —	1 1	— 1	— 1	— 1	1 —	— —
— 2	Carcinoma of Cervix and Uterus..	M F	— —	— 2	— —	— —	— —	— —	— 2
1 —	Carcinoma of Caecum	M F	— —	1 —	— —	1 —	— —	— —	— —
7 —	Carcinoma of Lung	M F	— —	6 —	1 —	2 —	2 —	3 —	— —
— 1	Cancer of Jaw	M F	— —	— 1	— —	— 1	— —	— —	— —
— 5	Carcinoma of Breast	M F	— —	— 4	— 1	— 2	— 1	— 1	— 1
2 2	Rectal Carcinoma	M F	1 —	— 1	1 1	1 1	1 —	— —	— 1
1 —	Carcinoma of Ethmoids	M F	— —	1 —	— —	1 —	— —	— —	— —
3 4	Cancer of Colon	M F	— —	2 0	1 4	3 1	— 1	— 2	— —

5	Bronchial Carcinoma ..	M F	—	4	1	—	4	—	—	—	—	1
—			—	—	—	—	—	—	—	—	—	—
1	Adeno Carcinoma of Nose ..	M F	—	—	1	—	1	—	—	—	—	—
—			—	—	—	—	—	—	—	—	—	—
—	Carcinoma of Bladder ..	M F	—	—	—	—	—	—	—	—	—	—
1			—	—	1	—	1	—	—	—	—	—
—	Carcinoma of Gall Bladder ..	M F	—	1	—	—	—	—	—	—	1	—
2	Carcinoma of Oesophagus ..	M F	—	2	—	—	1	—	—	1	—	—
—			—	—	—	—	—	—	—	—	—	—
1	Carcinoma of Larynx ..	M F	—	—	1	—	—	1	—	1	—	1
2			1	—	1	—	—	—	—	—	—	—
—	Cancer of Ovary ..	M F	—	—	—	—	—	—	2	—	—	—
—			—	—	—	—	—	—	—	—	—	—
1	Sarcoma of Pelvis ..	M F	—	1	—	—	1	—	—	—	—	1
1			—	1	—	—	—	—	—	—	—	—
—	Cancer of Testis ..	M F	—	—	—	—	—	—	—	—	1	—
—			—	—	—	—	—	—	—	—	—	—
1	Cancer of Inguinal Glands ..	M F	—	—	—	—	—	—	—	—	1	—
—			1	—	—	—	—	—	—	—	—	—
1	Epithelioma of Mouth ..	M F	—	—	—	—	—	—	—	1	—	—
—			—	—	—	—	—	—	—	—	—	—
—	1A Post Choroid Cancer ..	M F	—	—	—	—	—	—	—	—	1	—
1			—	—	1	—	—	—	—	—	—	—
63			4	34	25	26	15	12	10			

A SURVEY OF THE INCIDENCE OF TUBERCULOSIS IN THE AREA.

The downward trend of tuberculosis has been arrested as a consequence of the war, the main contributory factors are overcrowding, bad housing, defective ventilation due to black-out in wartime, all facilitating the direct transmission of the germ from the infectious to the infected person.

Far too many patients, particularly cases of pulmonary disease, are found to be advanced and even hopeless at the time of notification. In the main the blame for this state of affairs lies with the patients themselves and to a less extent it is due to the insidious and painless nature of the disease in its earlier stages. The nature of the disease also permits a large number of persons to continue at work and incidentally spread infection.

Most of the former decline of Tuberculosis morbidity and mortality was due to improvement in environmental and social circumstances, housing, wages, diet, habits, etc., rather than to direct action.

Many patients returned to their homes from sanatoria and some of these, as well as others with active disease, desiring to aid the prosecution of the war, concealed their illness and entered industry. We have not developed in this country the full possibilities of the sanatorium.

The after care of tubercular patients is also of great importance, for the spread of tuberculosis from patients who have been treated and allowed to return to their contacts is so common that it is one of the chief concerns of the Tuberculosis service, and apart from humanitarian considerations it is far more economical to treat one case to the full than to give half treatment to two.

It is not necessary for all quiescent cases to be permanently segregated in colonies, but it is necessary that all should be so placed that they can hold their own in competition with the healthy. They must be better housed, better fed, less worked and given more peace than persons in full health.

Again there is the stress and strain factor and may be considered under the heading of occupational. Apart from the directly hazardous occupations, such as miners and those trades involving dusty atmospheres, the occupations mostly recorded are practically all marked by this stress and strain factor, most frequently in combination with inefficient ventilation.

Fatigue is the complaint of thousands of manual workers and many mental ones, too, especially when work is undertaken at high pressure with insufficient opportunities for rest and relaxation.

Institutional accommodation is urgently required, a great deal is now available but cannot be used because of lack of nursing and domestic staffs, and until these staffing problems are solved no advance can be made in institutional control of the disease.

An analysis of our local Tuberculosis register will prove of value in bringing to light points helpful in the general consideration of the Tuberculosis problem.

The area covered consists of 34,969 acres, with an estimated population of 33,840, for the purpose of this survey the area was divided up into four localities, namely :

CLYDACH	{	Rhydybandy	8,230
		Clydach		
		Lower Trebanos		
		Velindre		
		Craigcefnparc		
		Glais		
YSTALYFERA ..	{	Rhiwfawr	7,451
		Godrergrâig		
		Lower Cwmtwrch		
		Ystalyfera		
PONTARDAWE ..	{	Alltwen	10,469
		Rhos		
		Trebanos		
		Rhydyfro		
		Ynismeudw		
		Pontardawe		
GWAUNCAEGURWEN	{	Cwmgorse	7,690
		Tairgwaith		
		Gwauncaegurwen		
		Garnswllt		
		Brynamman		
		Cwmllynfell		

Total Number on Register 313

163 males. Pulmonary cases 228

150 females. Non-Pulmonary 85

The incidence rate is 9.2 per 1,000 population.

Notifications received during the 14 years ended 1943 are classified into age groups and are given in Table B.

It will be noted that most of the cases occur in the age group 15—35.

After Care.

In my opinion every local authority should have its own after care committee for dealing with the rehousing and rehabilitation of persons discharged from sanatoria. The Government scheme of allowances has gone far to allay financial worry but the patient must be convinced that he is still of use to the community.

The modern sanatorium hospital has many things in its favour, but there is a tendency to forget the value of fresh air. Shelters have proved of great use, they are a cheap form of accommodation and more use could be made of them in this district until more suitable permanent accommodation can be provided.

The elderly chronic case requires nursing rather than special treatment and is apt to occupy for long periods beds needed for the treatment of curable cases which in turn, through deferred admission, may become incurable.

The Ministry of Health intensified its offensive against Tuberculosis by two new developments. Firstly by the use of mass miniature radiography and secondly by the granting of allowances to persons undergoing treatment. The advent of miniature radiography is a big step forward, particularly in meeting the weak point in the present attack on the disease, that is, the inability to detect its presence at an early stage. Early detection means that there is a good chance of curing the disease and enabling the person concerned to enjoy a normal working life. It should be emphasized that the function of mass miniature radiography is not so much complete diagnosis as the sifting out from a number of apparently healthy people those whose condition requires further individual diagnosis by established methods.

The advantage of early diagnosis, whether made as a result of examination by miniature radiography or otherwise, will, however, only be secured if treatment is undertaken in accordance with medical advice. Persons in need of treatment which makes it necessary for them to leave work temporarily will be able to undertake this only if they can do so with confidence as to the maintenance of those who look to them for support. The maintenance allowances which are described in an official memorandum are meant to secure this object. They include provisions not only for the period while the individual is unable to undertake any work but for the period of gradual restoration to full working capacity. We cannot afford to ignore an enemy which kills 25,000 people a year.

Occupation.

During the years 1938—1944 the number of cases from the following occupations were noted.

	Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females
Miners	26	—	6	—
Tinworkers	11	—	—	—
Steelworkers	13	—	—	—
Forces	15	1	1	—
School	8	11	12	9
Nurses	—	12	—	3
Clerks	5	5	1	1

These figures probably represent the occupational distribution of the persons concerned at a time prior to their notification, but the figures should only be regarded as of a very general significance. The pitfalls of occupational statistics are well known, the most serious difficulty and one which appears insuperable is the original selection involved in the choice of an occupation, supplemented by outward selection, especially from laborious work, when unfitness declares itself. Those who follow the several industries do not start on equal terms as regards healthiness. A weakling will not become a navvy. The occupations demanding great muscular strength and activity, to some extent then, consist of picked men, stronger at the commencement and the ratio maintained up to a certain standard by the fact that weaklings are drafted into lighter occupations as they feel their strength failing.

NON-PULMONARY TUBERCULOSIS.

Sites of Non-Pulmonary Tuberculosis on the Register.

Glands in Neck ..	37	Hip Joint	7
Abdomen	11	Knee Joint	2
Spine	9	Sacro Iliac Joint ..	2

By far the most important disease of cattle is Tuberculosis. This disease as it exists in cows demands very careful consideration on account of its wide prevalence, the frequency with which the bacilli of the disease gain access to milk and because the disease can be transmitted to one through the cow. The very extensive investigations which have been carried out have shown that Tuberculosis of cattle is extremely prevalent in most parts of the civilised world.

It is evident from these facts that veterinary inspection of cows even if repeated frequently and conducted by officers of

the highest clinical skill, is, apart from bacteriological examination, a safeguard which is insufficient to prevent tubercle bacilli from gaining access to the milk.

The pasteurization of milk should be extended throughout the country, and where this is not practicable all milk consumed by children should be boiled, or dried milk should be substituted. The Medical Research Council Special Committee appointed by the Ministry of Health when making the above recommendation pointed out that tuberculous infection among cattle is widespread in Great Britain and that about 40% react to tuberculin tests, showing that they have come into contact with the tubercle bacillus ; about 40% slaughtered in abattoirs are found to have naked eye lesions of tuberculosis, and about 0.5% of milch cows are suffering from Tuberculosis of the udder and are excreting virulent tubercle bacilli in their milk.

Conclusion.

1. Tuberculosis is an infectious disease and therefore communicable.

2. Except for the few instances in which Tuberculosis is of bovine origin, the disease can be acquired only from a person with Tuberculosis.

3. The disease is most commonly found :

(a) Among contacts of existing cases.

(b) Among unskilled workers and those in certain occupations.

(c) In women between the ages of 15 and 35.

(d) In men between the ages of 25 and 45.

(e) In overcrowded and insanitary areas.

4. Segregation of sputum positive cases affords the most effective known protection against the spread of the disease.

5. Early diagnosis and prompt sanatorium treatment produces optimum results in recovery.

6. There are still cases of overcrowding which should under our points system be reduced as houses become available.

7. More use of shelters would prevent the overcrowding and the sharing of beds with a tuberculous patient.

8. A local After Care Committee should be formed by this Council to look after the interests of tubercular patients.

9. Schemes for light employment and rehabilitation are essential for dealing with persons crippled with Tuberculosis.

10. Striking evidence exists to prove the efficiency of adequate pasteurisation in the protection of the population from Tuberculosis of bovine origin.

PARTICULARS OF TUBERCULOUS DEATHS.

TABLE A.

Year	Pulmonary		Total	Non-Pulmonary		Total	Total Deaths All Forms	Rate per 1,000
	Male	Female		Male	Female			P.R.D.C.
1912	—	—	31	—	—	20	51	1·53
1913	—	—	28	—	—	18	46	1·38
1915	—	—	29	—	—	25	54	1·62
1916	—	—	31	—	—	22	53	1·59
1917	—	—	40	—	—	11	51	1·53
1918	—	—	39	—	—	16	55	1·65
1919	—	—	30	—	—	15	45	1·35
1920	—	—	33	—	—	7	40	1·20
1921	—	—	24	—	—	11	35	1·05
1922	—	—	29	—	—	10	39	1·17
1923	—	—	27	—	—	5	32	·832
1924	—	—	28	—	—	9	37	1·162
1925	—	—	30	—	—	5	35	·910
1926	12	22	34	5	3	8	42	1·092
1927	14	25	39	2	2	4	43	1·118
1928	13	10	23	9	2	11	34	·832
1929	17	12	29	2	4	6	35	·910
1930	19	17	36	1	1	2	38	·988
1931	19	11	30	1	3	4	34	·884
1932	14	14	28	4	3	7	35	·910
1933	9	16	25	3	6	9	34	·986
1934	8	15	23	2	3	5	28	·812
1935	14	10	24	4	1	5	29	·841
1936	19	10	29	5	2	7	36	1·044
1937	10	18	28	5	2	7	35	1·015
1938	12	12	3	43	—	3	27	·773
1939	12	6	18	2	—	2	20	·58
1940	12	7	19	3	3	6	25	·725
1941	18	8	26	1	3	4	30	·87
1942	9	4	13	—	2	2	15	·435
1943	7	8	15	4	2	6	21	·651
1944	11	8	19	—	2	2	21	·600
1945	10	8	18	—	3	3	21	·646

The data for the long period under review is not strictly comparable with the more recent figures. More accurate diagnosis has much influence on the relative mortality. The figures show that Tuberculosis mortality has declined from 1·53 in 1912 to 0·60 in 1944. This very striking decline has occurred mainly during the present century and is more marked in that of females. It is interesting to note that the number of females dying from Tuberculosis in 1944 is nearly a third of that in 1926, whilst the males are the same.

TUBERCULOSIS—NEW CASES NOTIFIED.

Pulmonary. TABLE B.

<i>Ages</i>	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945
0—1 ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1—5 ..	8	6	11	6	8	2	3	—	1	—	—	—	1	—	—	1
5—15 ..	18	10	31	25	15	25	19	2	3	2	2	2	2	3	5	3
15—25 ..	16	24	11	11	14	12	12	15	11	12	9	11	14	12	19	17
25—35 ..	12	3	12	7	3	7	8	7	14	8	9	11	5	16	10	13
35—45 ..	9	7	6	2	2	8	9	5	3	5	4	6	3	3	4	2
45—55 ..	—	9	7	5	2	3	4	2	3	2	2	3	3	4	5	4
55—65 ..	—	—	—	1	2	3	2	2	3	4	1	2	—	1	—	2
60—upwards ..	—	—	—	—	—	—	—	4	—	—	—	—	2	1	—	—
	64	59	78	57	46	60	57	37	38	33	27	35	30	40	43	42

Non-Pulmonary.

All ages ..	13	12	13	10	16	8	12	14	10	13	10	17	18	9	3	10
-------------	----	----	----	----	----	---	----	----	----	----	----	----	----	---	---	----

Age Incidence.

The same age groups are affected throughout mainly 5—35 years, but in the later years the group 25—35 was higher.

TUBERCULOSIS INCIDENCE.

RATE OF INCIDENCE OF NEW CASES PER 1,000 POPULATION.

Pulmonary.

TABLE C.

<i>Year</i>	<i>Clydach</i>	<i>Pontardawe</i>	<i>Ystalyfera</i>	<i>Gwauncaegurwen</i>
1939	0.48	1.28	0.53	1.23
1940	0.48	0.828	0.80	0.96
1941	0.97	1.47	0.80	1.09
1942	0.60	1.28	1.1	0.27
1943	0.73	1.28	1.2	1.64
1944	0.36	1.65	1.8	1.09
1945	0.84	1.01	1.1	2.05

Non-Pulmonary.

<i>Year</i>	<i>Clydach</i>	<i>Pontardawe</i>	<i>Ystalyfera</i>	<i>Gwauncaegurwen</i>
1939	0.36	0.46	0.80	0.13
1940	0.48	0.55	0.13	—
1941	0.36	0.55	0.40	0.68
1942	—	1.19	0.26	0.27
1943	—	0.27	0.53	0.41
1944	—	0.09	0.13	0.13
1945	0.24	0.27	0.40	0.27

The true incidence and fatality of Tuberculosis differs in different places as it is influenced by numerous varying factors, such as climate, industry, housing, feeding, etc. The death rates are used for all sorts of purposes, *quoted* as evidence of bad housing, industrial depression, to praise or blame the local Tuberculosis service, but to standardise the Tuberculosis rates is extremely difficult and the factors which influence incidence are identical with those which produce fatality.

Again, Phthisis, which is a long continued disease, many patients will die from it away from the place where they contracted it, and in a great proportion it is not possible to accredit the deaths to the places of origin.

A prosperous town which really has a high Tuberculosis incidence may show a low mortality because the patient may be able to leave it for places more congenial where they may live for a long time and perhaps from a long period of quiescence may be struck off the register. In a poor town patients must perforce remain where they contract the disease.

TUBERCULOSIS CASES REMOVED FROM REGISTER SINCE 1938—1945.

TABLE D.

Changes in the Register.

It was thought worth while recording the changes in the Register over a period 1938—1945, and the table below covers the removal from register for various causes.

The numbers show a slight increase.

	<i>Gwauncaegurwen and Ystalyfera Districts</i>	<i>Clydach District</i>	<i>Pontardawe District</i>
Dead	94	18	68
Recovered ..	31	22	33
Left District ..	51	14	23
TOTAL ..	176	54	124

Comparison of Numbers on Register, 1938—1945.

NUMBER ON REGISTER — 1938.

<i>Total</i>	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	M.	F.	M.	F.
267	119	92	35	21

NUMBER ON REGISTER — 1945.

<i>Total</i>	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	M.	F.	M.	F.
313	119	109	44	41

The numbers show a slight increase.

ENVIRONMENTAL CONDITIONS FOR PULMONARY TUBERCULOSIS.

TABLE E.

	<i>Overcrowding</i>	<i>Sharing Beds</i>	<i>Multiple Cases</i>
Cwmlllynfell ..	2	—	—
Brynamman ..	1	—	—
Godrergraig ..	3	1	1
Ystalyfera	1	1	—
Gwauncaegurwen—	1	1	—
Tairgwaith —	—	—	—
Clydach	1	—	—
Ynismeudw ..	—	1	—
Alltwen	1	—	1
Trebanos	1	—	1
Rhos	1	—	2
Pontardawe ..	—	1	—
	12	5	5

A negligible number of cases could under the 1936 Act be regarded as overcrowded. This Act, however, is of little value in assisting an infectious case of Tuberculosis to obtain a separate bedroom and a rough alternative standard was therefore adopted. Each patient was given a separate bedroom and if as a result it was necessary in any of the remaining bedrooms to have more than two of the same sex or two of different sexes and not being husband and wife, then the dwelling was deemed to be overcrowded. Seventeen pulmonary cases were on this standard overcrowded.

Multiple Cases.

In five households it was found that more than one case of Tuberculosis was present.

TUBERCULOSIS REGISTER. CLYDACH AREA.

TABLE F.

<i>Sub-Divisions</i>	<i>Population</i>	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
		M.	F.	M.	F.
Clydach	6,556	18	15	1	6
Craigcefnparc } ..	1,270	4	4	—	—
Mawr		—	—	—	—
Glais	404	—	4	—	1
TOTALS ..	8,230	22	23	1	7

Number been to sanatorium : 24 cases.

Percentage of total : 42·8%.

TUBERCULOSIS REGISTER.

PONTARDAWE AREA.

TABLE G.

<i>Sub-Divisions</i>	<i>Population</i>	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
		M.	F.	M.	F.
Pontardawe } ..	4,605	17	14	5	11
Ynismudw } ..		7	3	3	3
Rhos, Gellynudd } ..	3,164	5	5	—	2
Alltwen } ..		6	8	5	4
Trebanos	2,700	7	11	5	3
TOTALS ..	10,469	42	41	18	23

Number been to sanatoria : 80.

Percentage of total : 64·5%.

TUBERCULOSIS REGISTER.

YSTALYFERA AND GWAUNCAEGURWEN AREAS.

TABLE H.

<i>Sub-Divisions</i>	<i>Population</i>	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
		M.	F.	M.	F.
Ystalyfera ..	4,720	10	18	8	6
Godrergraig ..	1,869	6	9	3	2
Rhiwfawr	456	4	1	—	—
Cwmtwrch ..	406	1	1	—	—
Gwauncaegurwen, Cwmgorse, Tair- gwaith	4,968	17	10	9	3
Cwmllynfell ..	1,183	5	1	3	3
Brynamman ..	1,539	2	6	—	—
TOTALS ..	15,141	45	46	23	14

Number been to sanatorium : 77.

Percentage of total : 57·6%.

TUBERCULOSIS.

<i>Ages</i>	NEW CASES				DEATHS			
	<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Respiratory</i>		<i>Non-Respiratory</i>	
	M.	F.	M.	F.	M.	F.	M.	F.
0— 1.. ..	—	—	—	—	—	—	—	—
1— 5.. ..	—	1	—	1	—	—	—	—
5—15.. ..	3	—	4	1	1	1	—	—
15—25.. ..	4	13	—	—	2	2	—	2
25—35.. ..	7	6	—	1	3	3	—	1
35—45.. ..	2	—	—	1	2	1	—	—
45—55.. ..	4	—	—	1	1	1	—	—
55—65.. ..	2	—	—	1	2	—	—	—
65 and upwards	—	—	—	—	—	—	—	—
TOTALS ..	22	20	4	6	10	8	—	3

Rate of Incidence of New Cases : 1·6 per 1,000 civilian population.

Death Rate from this Disease : 0·6 „ „

NUMBER OF CASES ON TUBERCULOSIS REGISTER AT THE COMMENCEMENT OF THE YEAR.

<i>Pulmonary</i>			<i>Non-Pulmonary</i>			<i>Pulmonary and Non-Pulmonary</i>
M.	F.	<i>Total</i>	M.	F.	<i>Total</i>	<i>Total</i>
131	114	245	45	36	81	326

NUMBER OF CASES ON TUBERCULOSIS REGISTER AT THE END OF THE YEAR.

<i>Pulmonary</i>			<i>Non-Pulmonary</i>			<i>Pulmonary and Non-Pulmonary</i>
M.	F.	<i>Total</i>	M.	F.	<i>Total</i>	<i>Total</i>
119	109	228	44	41	85	313

Rate of Incidence : 9·6 per 1,000 civilian population.

NUMBER VACCINATED IN THE DISTRICT DURING 1945.

	<i>Clydach</i>	<i>Pontar- dawe</i>	<i>Ystalyfera</i>	<i>Gwauncaegurwen</i>	<i>Total</i>
Quarter end 31/3/45	3	9	13	—	25
" " 30/6 45	2	12	6	—	20
" " 30/9 45	1	7	5	—	13
" " 31/12/45	1	14	6	—	21
TOTALS	7	42	30	—	79

RAINFALL IN 1945 — AT WERN HOUSE, YSTALYFERA.

<i>Month</i>	<i>Total Depth</i>	<i>Greatest fall in 24 hours</i>		<i>Number of days with ·01 or more recorded</i>
	<i>Inches</i>	<i>Date</i>	<i>Inches.</i>	
January ..	5·05	Jan. 19th	1·32	17
February ..	8·87	Feb. 4th	1·43	24
March ..	4·71	March 20th	1·30	11
April ..	4·20	April 2nd	1·78	12
May ..	5·24	May 21st	·87	17
June ..	6·98	June 6th	1·68	21
July ..	5·30	July 16th	1·64	16
August ..	4·74	August 22nd	1·47	15
September ..	7·33	Sept. 15th	1·20	18
October ..	6·38	October 25th	1·20	9
November ..	·87	November 5th	·38	8
December ..	9·22	December 5th	1·50	24
TOTAL ..	68·89			192

Rain Gauge.

Diameter of Funnel : 5 inches.

Height of Top : Above ground, 1 foot 6 inches.

Above sea level, 240 feet.

The figures given above were supplied to the Department by Miss Lily Williams, of the address given above, whom it is desired to thank for her continued co-operation.

SENIOR SANITARY INSPECTOR'S ANNUAL REPORT, 1945.

Mr. Chairman and Gentlemen,

I have the honour to submit my Annual Report for the year 1945.

The inspectoral staff was increased during the year by the appointment of an additional Sanitary Inspector, who commenced duties in October.

A more comprehensive scheme of Rodent Destruction was carried out embracing both Sewers and Surface infestations, and for this purpose a full time operative was appointed.

Early in the year orders were placed by your Council for new refuse collection vehicles, but delivery was subject to a long delay. Direct labour repairs and a replacement vehicle enabled the service to be maintained in the area.

A survey of all working class houses was commenced in May. The early results indicate that war-time restrictions on building and repair have caused a lowering of the general standards and that a great deal of action will be called for under the Public Health and Housing Acts when materials are in greater supply.

Inspections for the Year 1945.

(a) All types of premises under Public Health and Housing Acts	..	..	..	..	..	1,246
(b) Infectious Diseases	..	..	..	..	..	148
(c) Farms, Cowsheds and Dairies	..	..	..	..	..	145
(d) Factories and Workplaces	..	..	..	..	..	49
(e) Verminous Premises	..	..	..	..	..	110
(f) Miscellaneous (including Food Stores and Butchers' Shops)	..	..	..	..	..	195
(g) Inspections under Infestation Order, 1943	..	..	..	..	..	475
TOTAL						2,368

Public Cleansing.

Refuse Collection in the area is carried out by direct labour and contract.

Direct Labour.

Area	Transport		Personnel
Pontardawe	..	Bedford Lorry 30 cwts.	3
Clydach	..	Morris Lorry 30 "	3
Gwauncaegurwen	..	Bedford Lorry 30 "	3
Ystalyfera	..	Morris Lorry 30 "	3
Salvage (General)	..	Bedford Lorry 5 tons	3
Cwmlllynfell Tip	..	—	1
TOTAL	..	5	16

Contracts.

Refuse Collection by contract is carried out in Cwmllynfell, Alltwen and Rhos, Craigcefnparc, Garnswllt, Velindre and Rhydybandy.

Refuse Disposal.

Tips are owned or rented by the Council.			
Clydach (Penybank)	Simplified Control Tipping System employed.
Pontardawe (Canal Side Tip)	..	..
Ystalyfera (Penywern)	..	..
Gwauncaegurwen (Brynamman)			
Cwmllynfell and Rhiwfawr (Brynmorgan Field)			

Dumping is also carried out at various farm lands in the area, for road-making purposes.

Your Council has approved the long term policy of controlled tipping on land at present unusable for building or similar purposes with the object of making it so usable over a period of years. This policy will be put into effect at the earliest possible date.

Salvage.

The Refuse Collection Organisation has been adapted for the collection of waste materials. This reduces the volume of combustible refuse hitherto collected with house refuse. During 1945, 74 tons of waste paper were salvaged and sold to paper mills.

Night Soil Removal.

This work is carried out by Contractors in the areas named below.

<i>Area.</i>					<i>No. of Pails Removed during year 1945.</i>
Cilybebyll	..	..	..	..	10,149
Rhydyfro	..	..	..	..	6,990
Rhiwfawr	..	..	..	..	4,875
Ynysymond	..	..	..	..	3,768
Craigcefnparc	..	..	..	..	616
					<hr/> 26,398 <hr/>
Number of pails renewed					.. .. 43
Number of pans renewed					.. .. 6

Factories Act, 1937.

Factories and Workplaces in the area were visited and results of inspections recorded on a card-index system. Breaches of regulations were notified to the persons concerned, and received attention. The water supply at one factory was sampled and found to be satisfactory.

Complaints made by H.M. Inspector of Factories investigated and dealt with : 26.

Infestation Order, 1943, and Rats and Mice (Destruction) Act, 1919.

The appointment of a full-time rodent operative during the year carried this work a stage further.

Infestations were located by survey and complaint, and treated on a group basis. It will be noticed that infestations were dealt with in every ward save two. In these two wards, which are predominantly agricultural in character, farm infestations were cleared by the County War Agricultural Executive Committee in co-operation with this Authority.

RODENT DESTRUCTION.

<i>Ward/Parish</i>	<i>No. of Premises Treated</i>	<i>No. of Baiting Points</i>	<i>No. of Baits Laid</i>	<i>Est. Kill</i>	<i>Sewer Baiting</i>
Rhyndwychedach	7	50	200	689	—
Gellionen ..	9	47	188	765	—
Mawr	—	—	—	—	—
Ynisymond ..	—	—	—	—	—
Cilybebyll ..	16	115	460	1,821	—
Blaenegel & Mawr	22	144	576	2,695	Pilot test, 25 man- holes. Est. kill, 587. 30 baiting points.
Godrergrraig ..	17	130	520	2,341	—
Alltygrug ..	15	128	512	2,120	River Twrch with Ystradgynlais R.D.C. 235 baiting points. Est. kill, 432.
Cacgurwen ..	6	46	184	1,024	Sewer treatment. 350 baiting points. Est. kill, 2,670.
Cwmllynfell ..	1	24	96	675	Bryn Refuse Tip.
Totals for District	93	684	2,736	12,130	

Inspection of Dwelling-houses during the Year.

(1)	(a)	Total number of dwelling-houses inspected for housing defects (under Public Health and Housing Acts)	804
	(b)	Number of inspections made for the purpose	1,246
(2)	(a)	Number of dwelling-houses (included under sub-head (1) (above), which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	74
	(b)	Number of inspections made for the purpose	203
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	186
(4)		Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	428

Remedy of Defects during the Year without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	380
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Action under Statutory Powers during the Year.

(a)	Proceedings under sections 9, 10 and 16 of the Housing Act, 1936.. .. .	Nil
(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
(2)	Number of dwelling-houses which were rendered fit after service of formal notices	Nil
	(a) by Owners	Nil
	(b) by Local Authority in default of Owners	Nil
(b)	Proceedings under Public Health Acts :	
(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	258
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices	11
	(a) by Owners	11
	(b) by Local Authority in default of Owners	Nil

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	2
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	2
(d) Proceedings under Section 12 of the Housing Act, 1936 :	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenements or rooms having been rendered fit	Nil

Housing Act, 1936 — Part IV. Overcrowding.

(a) (1) Number of dwellings overcrowded at the end of the year		381
(2) Number of families dwelling therein		609
(3) Number of persons dwelling therein		2,943
(b) Number of new cases of overcrowding reported during the year		83
(c) (1) Number of cases of overcrowding relieved during the year		7
(2) Number of persons concerned in such cases ..		41
(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding		3
(e) Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report ..		Nil

Housing Survey.

This survey which is being carried out in all rural areas was commenced in May, 1945, one investigator being employed from that date to December, when two more were appointed. The structural condition and overcrowding circumstances of 8,800 dwelling houses are under investigation and this initial survey will be a foundation for future records of the area's housing conditions.

From July to December, 1945, 1,006 houses were surveyed, their categories being as follows :

<i>Fit in all respects Cat. 1</i>	<i>Minor Defects Cat. 2</i>	<i>Req. Reconstruction Cat. 3</i>	<i>Incapable of Repair Cat. 4</i>	<i>Total</i>
437	316	223	30	1,006

Milk Supply.

- (a) Number of Inspections made of Cowsheds, Dairies and Milkshops during the year 145
- (b) Number of Cowsheds erected Nil
- (c) Number of Cowsheds which were internally reconditioned, new floors and channels in cement concrete, additional windows fixed for improving the lighting and ventilation, new stalls and troughs, etc., erected 7
- (d) New Dairies erected 2
- (e) Number of Cowsheds limewashed on internal surfaces of walls, and interior of roofs cleansed as the result of informal action taken 46

Samples of graded and ungraded milk have been taken frequently. Particulars of these are given in the Medical Officer of Health's Report.

Meat and Other Foods.

The slaughtering of animals for the area's meat consumption is centralised at Swansea and Llandilo. Meat is inspected at the area's two allocation depots, and also at retail premises. Unfit meat is returned to the abattoir concerned for salvage purposes.

Butchers' Shops.

Number of visits to butchers' shops and inspections of vans delivering meat in the area : 189.

The textile shortage necessitated the payment of special attention to the caps and coats worn by personnel engaged in delivery of meat.

Other Foods.

The following articles of food were found to be unfit for human consumption :

Ham ..	128 lbs.	Tinned Meat ..	112 lbs.
Bacon ..	45 lbs.	Liver ..	25 lbs.
Assorted Tins	482	Potatoes ..	504 lbs.
Dried Fruits	314 lbs.	Jam ..	200 lbs.
Cheese ..	335 lbs.	Onions ..	260 lbs.
Fish ..	28 stone	Oranges ..	812 lbs.
Butter ..	53 $\frac{1}{4}$ lbs.	Dried Egg ..	16 pkts.
Cocoa ..	58 lbs.	Lemons ..	404 lbs.
Lard ..	3 lbs.	Grapefruit ..	125 lbs.
Tea ..	47 lbs.	Pork ..	33 $\frac{1}{2}$ lbs.
Biscuits ..	121 $\frac{1}{2}$ lbs.	Peas ..	112 lbs.

Infectious Diseases.

1. Number of investigations made of Notified Infectious Disease cases	127
2. Number of premises fumigated	43
3. Number of cases where clothes were steam disinfected	214
4. (a) Number of cases where bedding was destroyed after Tuberculosis	4
(b) Tuberculosis compensation paid ..	£8 10 0

Householders were provided with disinfectant and disinfecting soap, precautionary measures for preventing spread of infection being fully explained. Special attention was paid to those cases nursed at home. All children of school age were excluded for the appropriate time.

Departmental Distribution of Disinfectants and Insecticides.

Vermoose	172 bottles.
Disinfectant soap	114 bars.
Disinfectant	369 bottles.
Zaldecide	168 bottles.
Powder	320 packets.

Rooms which had been occupied by tubercular patients were treated with an atomised carbolic solution.

IEUAN LEWIS,
Sanitary Inspector.

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